

www.mass.gov/abcc

LICENSE NUMBER: 098400004	CI	TY OR TOWN PLYMOU	TH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: GUISEPPE GARIE DOING BUSINESS A	BALDI CLUB		
ADDRESS 36 CASTLE ST.			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: hogan, michael TYF	PE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WIDESCRIPTION OF LICENSED PREMISTS 1 SIDE ENTRANCE, 1FRONT ENTRACELLAR; TWO INSIDE EXITS TO CEICLOAK ROOM, SUN PORCH, STORACKITCHEN, THREE STORAGE ROOMS	CNE; ONE REAR ENT., LLAR;ONE ENTRANCI GE AND RESTROOMS	2 OUTSIDE ENTRANCES E TO OFFICE IN ATTIC. 19	ST. FL.
 the renewed license will be of the licensee has complied with the premises are now open for 	all laws of the Common	wealth relating to taxes; and	
SIGNED BY Individual, Partner	or Authorized Corporate	e Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head of	the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		OCAL LICENSING AUTH	IORITY
DATE:	-		



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LICENSE NUMBER: ()98400007		CITY	OR TOWN	N PLYMOU	TH
APPLICATION FOR F	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: N	MAGGIE'S PUB,	INC.				
DOING BUSINESS A	GALWAY PUB					
ADDRESS 58 COURT	ST.					
CITY/TOWN: PLYM	OUTH	STATE:	MA Z	IP CODE:	02360	
MANAGER: ROONI MARJO	EY, TY	PE OF LICENS	E:Restaurar	nt (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER Y	YOUR EMAIL AD	DRESS		_
DESCRIPTION OF LI						
ONE ENTRANCE ON ROOMS, CELLAR US						R, TWO
I hereby certify and swe	ear under penaltie	s of perjury that	:			
1. the renewed	license will be of	the same type f	or the same	premises no	w licensed;	
2. the licensee	has complied with	n all laws of the	Commonwe	alth relating	to taxes; and	
3. the premises	s are now open for	business (If no	t explain bel	ow)		
SIGNED BY						
]	Individual, Partner	r or Authorized	Corporate C	Officer		
DATE:	TELEPHON	NE NUMBER:			ER IDENTIFICAT	
				(Note: NOT]	ndividual Social S	security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and the	e head of th	e fire depar	tment for the	above
Please Check Below:			LO	CAL LICEN	ISING AUTH	ORITY
APPROVED:	1		By:			
DISAPPROVED: (If disapproved explain						
(11 disappioved explain)					
			_			
DATE:			_			



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LICENSE NUM	BER: 098400010		CITY OR TOWN	PLYMOUTH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSINE				
ADDRESS 330	COURT ST.			
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: P	PIMENTAL, TY MICHAEL A.	PE OF LICENSE:Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	OF LICENSED PREMI			
	ICE AND EXIT; TWO TAIL ROOM AND A S			
1. the re 2. the lice	and swear under penaltie newed license will be of censee has complied with remises are now open for	f the same type for the h all laws of the Com	monwealth relating t	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note. NOT Inc	dividual Social Security Number)
Acts of 2004, sig	gned by the building in	spector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below APPROVED: [DISAPPROVED] (If disapproved e):		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NU	MBER: 098400012		CITY OR TOW	N PLIMOUIH
APPLICATIO	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE N. DOING BUSI		H POST #40 AMERICAN	LEGION INC	
ADDRESS FE	EDERAL FURNACE	RD.		
CITY/TOWN:	: PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER:	FANNING, DEBORAH	TYPE OF LICENSE: V	eterans club	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
W/S, 1 S/S)BA AND HORES	AR BETWEEN FUN	OOM, KITCHEN, STOR CTION HALL AND MEN LION AREA ADJACENT EMISES.	MBER'S ROOM TO	O BE USED BY BOTH
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises no	ow licensed;
2. the	licensee has complie	d with all laws of the Com	nmonwealth relating	g to taxes; and
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	porate Officer	
DATE.				
DATE:	TELE	PHONE NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)
			(Note: <u>NO1</u>	individual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	nd of the fire depa	nired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICE	NSING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)		-	
DATE:				



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LICENSE NUMBER: 098400013	(CITY OR TOWN	PLYMOUT	Ή
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: SEASIDE CLUB OF DOING BUSINESS A ADDRESS 77 FOREST AVE.	PLYMOUTH MA.	ТНЕ		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: SOLOMON, EDWARD	OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	AIL ADDRESS		•
ONE FRONT ENTRANCE AND TWO REATWO ROOMS DIVIDED BY A PARTITIO CELLAR WITH TWO EXITS USED FOR S	AR ENTRANCES A IN AND FRENCH I STORGE. BOCCI (DOORS. BAR, ST		
I hereby certify and swear under penalties of 1. the renewed license will be of the 2. the licensee has complied with all 3. the premises are now open for but	same type for the s laws of the Commo	onwealth relating to		
SIGNED BY Individual, Partner or	Authorized Corpor	ate Officer		
DATE: TELEPHONE N	NUMBER:	EMPLOYER (Note: NOT Ind	t IDENTIFICAT	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	ctor and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER	:098400014		C	пто	RIOW	/ IN	PLIMOU	ΙП
APPLICATION FOR	RENEWAL:	Annı	ıal		LICI	ENS	ED FOR 2	2013
		CLA	SS					YEAR
LICENSEE NAME: DOING BUSINESS	A	DGE #1476 B.	P.O.E.					
ADDRESS 52 LONG		CT ATE	3.64	ZID	CODE		02260	
CITY/TOWN: PLY		STATE:		ZIP	CODE:		02360	
MANAGER: North	ington, Hugh TY	PE OF LICEN	SE:Club			CA	TEGORY:	All Alcohol
EMAIL ADDRESS:								
ı DESCRIPTION OF I	PLEASE ALSO VISIT OUR V		R YOUR EMAII	L ADDRE	SS			
2 STORY BLDG.,3 V WOMEN'S AND 1 M KITCHEN, ONE STO WILL BE SERVED	WOMEN'S & MEN IEN'S LOCKER R OREROOM, 1 TV	I'S RESTROOI OOM, ONE G ROOM, ONE	YMNASIU GAMERO	JM, 1 OM; 2	OFFICE	E, 2	LOUNGE	
2. the license	wear under penaltie ed license will be on ee has complied wit ses are now open fo	f the same type th all laws of th	for the sar e Commor	ıwealtl	n relatin			
SIGNED BY	Individual, Partne	er or Authorize	d Corporat	e Offic	cer			
DATE:	TELEPHOI	NE NUMBER:						TION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	nspector and t	he head of	f the fi	re depa	artm	ent for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)			LOCA By:	L LICE	ENSI	NG AUTE	IORITY
DATE:								
 ·								



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LICENSE NUMBER: 098400016	(CITY OR TOWN PLYMOUTH	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAF	₹
LICENSEE NAME: KKATIES IN	С		
DOING BUSINESS A KKATIES			
ADDRESS 38 MAIN ST.			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: STEIDING, KEITH III	TYPE OF LICENSE: Resta	urant CATEGORY: All A	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PR			
ONE ENTRANCE/EXIT ON MAIN KITCHEN AND TWO RESTROOM		ALLEY. ONE FLOOR: MAIN ROO TORAGE.	θM,
I hereby certify and swear under pen-	alties of perjury that:		
1. the renewed license will b	be of the same type for the sa	ame premises now licensed;	
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open	n for business (If not explain	ı below)	
SIGNED BY			
Individual, Pa	rtner or Authorized Corpora	ite Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NU	
		(Note: NOT Individual Social Security	Number)
Acts of 2004, signed by the building	g inspector and the head o	certificate required by Chapter 304 of the fire department for the above the required by Chapter 116 of the	e
Please Check Below:		LOCAL LICENSING AUTHORITY	Y
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			 ;
DATE:			



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LICENSE NUM	MBER: 098400017		CITY OR TOWN	PLYMOUTH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: UNITY CLU	JB OF PLYMOUTH MA.	THE	
DOING BUSIN	NESS A			
ADDRESS 40	MAIN ST.EXT.			
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER:	BRATTI, PAUL	TYPE OF LICENSE: C	lub C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI			
		EXT.; ONE EXIT AT RE SKYLIGHT TO ROOF.	AR OF BLDG.; ONI	E MAIN ROOM, ONE
I hereby certify	and swear under per	nalties of perjury that:		
		be of the same type for th	•	
	_	d with all laws of the Com	=	o taxes; and
3. the 1	premises are now op	en for business (If not exp	olain below)	
SIGNED BY	Individual, P	Partner or Authorized Corp	oorate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the under Acts of 2004,	signed, attest that v		(Note: <u>NOT</u> Inc the certificate required of the fire depart	ed by Chapter 304 of the ment for the above
We the under Acts of 2004, s named license of 2010.	signed, attest that v signed by the buildi and (2) the certific	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc he certificate requir ad of the fire depart urance required by	ed by Chapter 304 of the ment for the above
We the under Acts of 2004, s named license of 2010. Please Check Belo APPROVED:	signed, attest that v signed by the buildi and (2) the certific	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc he certificate requir ad of the fire depart urance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the under: Acts of 2004, s named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed, attest that v signed by the buildi and (2) the certific w:	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc the certificate required ad of the fire depart urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the under Acts of 2004, s named license of 2010. Please Check Belo APPROVED:	signed, attest that v signed by the buildi and (2) the certific w:	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc the certificate required ad of the fire depart urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the under: Acts of 2004, s named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed, attest that v signed by the buildi and (2) the certific w:	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc the certificate required ad of the fire depart urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the under: Acts of 2004, s named license of 2010. Please Check Belo APPROVED: DISAPPROVE	signed, attest that v signed by the buildi and (2) the certific w:	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> Inc the certificate required ad of the fire depart urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	098400022	(CITY OR TOWN PLYMO	UTH
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	180 WATER STREE	ET CORP.		
DOING BUSINESS A	RADISSON HOTE	L PLYMOUTH HA	RBOR	
ADDRESS 180 WAT	ER STREET			
CITY/TOWN: PLYN	MOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: GOOD RD JR	OWIN,EDWA TYPE	OF LICENSE: Innho	older CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF L				
DINING ROOM, 2 LO	OUNGE AREA, OFF	ICES, HEALTH CL	SISTING OF 175 GUEST R UB FACILITIES AND INDO OVERLOOKING POOL AI	OOR
I hereby certify and sw	vear under penalties o	f perjury that:		
1. the renewed	d license will be of th	e same type for the sa	ame premises now licensed;	
2. the licenses	e has complied with a	ll laws of the Commo	onwealth relating to taxes; and	d
3. the premise	es are now open for b	usiness (If not explain	n below)	
SIGNED BY	Individual, Partner o	r Authorized Corpora	ate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004, signed	by the building insp	ector and the head	certificate required by Cha of the fire department for the ance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	n)			
DATE:				



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LICENSE NUM	MBER: 098400023		CI	TY OR TOW	N PLYMOUT	ГН
APPLICATION	N FOR RENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NA	AME: YOUNG AMERIC	CA CLUB INC				
DOING BUSIN	NESS A					
ADDRESS 4 C	CEAN VIEW AVE.					
CITY/TOWN:	PLYMOUTH	STATE:	MA	ZIP CODE:	02360	
MANAGER:	MCKENNA, SEAN TYI	PE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION	N OF LICENSED PREMIS	SES:				
	NCES AND EXITS, BAR NTRANCES AND EXITS					
I hereby certify	and swear under penalties	of perjury tha	t:			
1. the 1	renewed license will be of	the same type	for the san	ne premises no	ow licensed;	
2. the l	licensee has complied with	all laws of the	Common	wealth relating	g to taxes; and	
3. the 1	premises are now open for	business (If no	ot explain l	below)		
SIGNED BY	Individual, Partner	or Authorized	Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
Acts of 2004, s	signed, attest that we are signed by the building instant (2) the certificate of	spector and th	ne head of	the fire depa	rtment for the	above
Please Check Belo	<u>w:</u>		I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			F	Ву:		
DISAPPROVE						
(If disapproved	expiaiii)		-			
			-			
DATE:			=			
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING	G THE MONT	H OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBER: 098400024	CI	TY OR TOWN PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JOHN ALDEN S DOING BUSINESS A ADDRESS OFF BEAVER DAM RD.	SPORTSMAN CLUB INC.	
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER: BALUTIS, DAVID T	YPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM PAVILION (60 X 100) LOCATED ON THE PAVILION IS BY WAY OF A PI IS IN EYESIGHT OF THE MAIN CLU AND STAFF ON DUTY.	N THE NW SIDE OF THE RIVATE PATHWAY, CO	EXI STING BLDG. ENTRANCE TO RDO NED OFF BY A NATURAL, IT
1. the renewed license will be a 2. the licensee has complied will 3. the premises are now open for	of the same type for the san ith all laws of the Common	wealth relating to taxes; and
SIGNED BY Individual, Partn	ner or Authorized Corporate	e Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head of	ertificate required by Chapter 304 of the the fire department for the above ace required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUM	IBEK: 098400026		CITY OR TOW	VN PLIMOUTH
APPLICATION	FOR RENEWAL	: Annual	LIC	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: WHITE CL	IFFS COMMUNITY AS	SOC. INC.	
DOING BUSIN	ESS A WHITE C	LIFFS COUNTRY CLU	3	
ADDRESS OF	F WHITE CLIFFS	DR.		
CITY/TOWN:	PLYMOUTH	STATE: MA	A ZIP CODE:	: 02360
MANAGER:	PIPERATO, JOSEPH	TYPE OF LICENSE:	Club	CATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
TERRACE AND FUNCTION AF	D DECK AREA, II REA, PRO SHOP, I	KTAIL LOUNGE, ADM NDOOR SWIMMING PO EXERCISE AND CARD N GROUND LEVEL.	OOL, 2 RACQUET	BALL COURTS,
I hereby certify	and swear under pe	enalties of perjury that:		
1. the re	enewed license wil	be of the same type for t	he same premises r	now licensed;
2. the li	icensee has complie	ed with all laws of the Co	mmonwealth relatir	ng to taxes; and
3. the p	remises are now of	en for business (If not ex	plain below)	
SIGNED BY	Individual, l	Partner or Authorized Co.	rporate Officer	
DATE.				
DATE:	TELE	PHONE NUMBER:		YER IDENTIFICATION NUMBER: Language Security Number)
			(110te. <u>1101</u>	marviduai Sociai Security Number)
Acts of 2004, s	igned by the build	ing inspector and the h	ead of the fire dep	uired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Below APPROVED: DISAPPROVE	D:		LOCAL LICE By:	ENSING AUTHORITY
· · · · · · · · · · · · · · · · · · ·	1 " /			
DATE:				



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LICENSE NUMBER	t: 098400027		Cl	FY OR TOWN	N PLYMOU	ГH
APPLICATION FOR	RENEWAL:	Annua	al	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	SUN DYNASTY C	CORPORATIO	N			
DOING BUSINESS	A SUN DYNASTY	CHINESE RE	STAURA	NT		
ADDRESS 21 MEM	EORIAL DRIVE					
CITY/TOWN: PLY	MOUTH	STATE:	MA	ZIP CODE:	02360	
MANAGER: MEI,	RICKEY TYP	PE OF LICENS	SE: Restaur	rant (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:				
ONE ENTRANCE O INCLUDING LOUN ROOMS, AND COL	IGE, DINING ROOM					OMEN'S
I hereby certify and s	wear under penalties	of perjury that	:			
1. the renew	ed license will be of	the same type f	or the sam	ne premises no	w licensed;	
2. the license	ee has complied with	all laws of the	Commony	wealth relating	to taxes; and	
3. the premis	ses are now open for	business (If no	t explain b	pelow)		
SIGNED BY	Latitat Dagen	A 41 1	C	O.CC		
	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEDION	EMMADED		EMDI OVI	ER IDENTIFICAT	TION NI IMBED
21112.	TELEPHON	E NUMBER:			Individual Social S	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and th	e head of	the fire depar	rtment for the	above
Please Check Below:			L	OCAL LICEN	NSING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expla	un)		_			
			-			
DATE:			-			



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LICENSE NUI	MBER: 098400030		CITY OR TOWN	PLYMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BRITISH BEER C	OMPANY INC.		
DOING BUSIN	NESS A THE BRITISH B	EER COMPANY		
ADDRESS RT	E. 3A-CEDARVILLE			
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER:	FINN, LEO TY	PE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PREMI			
	OG., 1ST. FL.: LOUNGE A			
	;2ND. FLOOR CONSIST: ENT USED FOR UTILITI			
	OX. 952 SQ. FT.	35 THAD STORAIGE.	WHITE ENTIRE CE	S II (REP III O I
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now	licensed;
2. the	licensee has complied with	all laws of the Comn	nonwealth relating to	o taxes; and
3. the	premises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual Dortnor	or Authorized Corpo	arata Officar	
	marviduai, Parmei	of Authorized Corpo	orate Officer	
DATE:	TEI EDHON	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELETHON	E NOWIDER.		lividual Social Security Number)
	signed, attest that we are signed by the building in	• '	-	
	e and (2) the certificate of			
of 2010.		1	1	•
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)		-	
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400032	Cľ	TY OR TOWN PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CHRISTOFOR	O COLUMBO CLUB INC.	
DOING BUSINESS A		
ADDRESS 5 SAVERY'S AVE.		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER: ARMSTRONG, ROBERT	ΓΥΡΕ OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED PRE	MISES:	
ROOM ON SAVERY'S AVE. ONE F	LOOR ONLY CONTAININ	ENTRANCE AND EXIT TO BOILER NG OF KITCHEN, COATROOM, IN FUNCTION HALL. NO CELLAR.
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the same	ne premises now licensed;
2. the licensee has complied v	vith all laws of the Common	wealth relating to taxes; and
3. the premises are now open	for business (If not explain b	below)
SIGNED BY Individual, Part	tner or Authorized Corporate	e Officer
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head of	rtificate required by Chapter 304 of the the fire department for the above ice required by Chapter 116 of the Acts
Please Check Below:	I	LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)	-	
	-	
DATE:	-	
•		



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LICENSE NUMBER:	098400034		CITY OR TO	WN PLIMOU	IΠ
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 22 SEVEN	<u>.</u>	IORIAL POST V.F	F.W.		
CITY/TOWN: PLYN		STATE: MA	ZIP CODE	E: 02360	
MANAGER: BRAT M.				CATEGORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L ONE MEMBERS LOW HANDICAPPED UNI FUNCTION, 3 STOR ENTRANCES/EXITS	UNGE, 1 FUNCTIONS SEX RESTROOM, AGE ROOMS, 1 FU	ON ROOM, 2 LAD 1 KITCHEN, 1 OI	FFICE, 2 BARS-	1MEMBERS; 1	
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of t	he same type for th	e same premises	now licensed;	
	e has complied with es are now open for			ing to taxes; and	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEBUON	C MIMBED.	EMPI (OYER IDENTIFICA	TION NUMBER:
	TELEPHONI	E NUMBER:		$\underline{\mathbf{T}}$ Individual Social S	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and the hea	nd of the fire dep	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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LICENSE NUM	MBER: 098400035	(CITY OR TOWN PL	YMOUTH	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED	FOR 2013	
		CLASS		YEAR	
	AME: ALBERT J. STE				
ADDRESS SO	UTH PARK AVENUE				
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE: 02	360	
MANAGER:	STEVENS, TY	YPE OF LICENSE: Resta	urant CATEO	GORY: Wine and Malt Regular	
EMAIL ADDR	RESS:				
	N OF LICENSED PREM				
THREE: STOR	3 MAIN ROOMS. ROOM RAGE PLUS BATHROO ON OF FOOD ONLY.				
I hereby certify	and swear under penaltic	es of perjury that:			
	renewed license will be o	· -	=		
	licensee has complied wi		=	es; and	
3. the	premises are now open for	or business (If not explain	i below)		
SIGNED BY	Individual, Partne	er or Authorized Corpora	te Officer		
DATE:	TELEPHO	NE NUMBER:	NE NUMBER: EMPLOYER IDENTIFICATION		
			(Note: NOT Individua	al Social Security Number)	
Acts of 2004,	signed, attest that we assigned by the building it and (2) the certificate of	nspector and the head o	f the fire department	for the above	
Please Check Belo			LOCAL LICENSING	AUTHORITY	
APPROVED:			By:		
DISAPPROVE (If disapproved			_		
, II	. /				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:098400038		CITY OR TOWN	PLYMOUT	Ή
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	CHRISTOS MA	LLIOS			
DOING BUSINESS A	A MONTE CHR	ISTO'S RESTAURAN	ΙΤ		
ADDRESS STATE R	RD.				
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER:	Т	YPE OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I		R WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		
FIRST FLOOR: DIN	ING ROOMS,KI	TCHEN, CELLAR, ST	ΓORAGE.		
I hereby certify and sv	wear under penalt	ies of perjury that:			
1. the renewe	ed license will be	of the same type for th	e same premises now	licensed;	
	=	rith all laws of the Con	_	o taxes; and	
3. the premis	ses are now open i	for business (If not exp	olain below)		
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATI dividual Social Se	
Acts of 2004, signed	by the building	are in possession (1) t inspector and the hea of liquor liability ins	ad of the fire depart	ment for the a	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	111)				



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LICENSE NUMBER: 098400041		CITY OR TOWN PLIMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE JOHN C.	ARVER INN, INC.	
DOING BUSINESS A JOHN CARV	/ER INN	
ADDRESS 25 SUMMER ST.		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER: CATANIA, WILLIAM	TYPE OF LICENSE: Innh	colder CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PRI	EMISES:	
	LAUNDRY, ADM. OFFI S (1)GIFT SHOP, AND RI	CKTAIL LOUNGE, DINING ROOM, CES (2) UTILITY AND STORAGE ESTROOM SECOND AND THIRD
I hereby certify and swear under pena	alties of perjury that:	
1. the renewed license will b	e of the same type for the s	same premises now licensed;
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open	n for business (If not explain	in below)
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the buildin	g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY
DISAPPROVED:		By:
(If disapproved explain)		
DATE:		



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LICENSE NUMB	EK: 098400046	'	CITY OR TOWN	PLIMOUIH
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM DOING BUSINE		GRILL, INC.		
ADDRESS 173 W	ATER ST.			
CITY/TOWN: P	LYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: CO	OLTON, MOTHY J.	TYPE OF LICENSE: Rest	aurant C	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION C	OF LICENSED PR	EMISES:		
HARBOR:CONS	ISTING OF KITC	NCES & EXITS ON TOWN HEN, LOBBY, DINING RI & OFFICE,250 SQ.FT. OU	M.,LOUNGE WIT	TH SEATING
I hereby certify an	d swear under pen	alties of perjury that:		
1. the ren	ewed license will	be of the same type for the s	same premises now	licensed;
2. the lice	ensee has complied	l with all laws of the Comm	onwealth relating t	to taxes; and
3. the pre	mises are now ope	en for business (If not explai	in below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE:			EMBLOVE	D IDENTIFICATION NUMBER
DATE.	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(11010) <u>1101</u> III	arviduai Sociai Security (vainoci)
Acts of 2004, sig	ned by the buildi	e are in possession (1) the ng inspector and the head ate of liquor liability insur	of the fire depart	ment for the above
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	aplain)			
DATE:				
DATE.				



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LICENSE NU	MBEK: 098400048		CITY OR TOWN	PLIMOUIH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: PLYMOUTE	H YACHT CLUB CO.		
DOING BUSI	NESS A			
ADDRESS 34	UNION ST.			
CITY/TOWN	: PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER:	DARSCH, REBECCA	TYPE OF LICENSE: CI	ub C	CATEGORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	CMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
AND SMALL RM. AND SM	MEETING ROOM 'IALL STORAGE AR	K EXIT IN REAR OF BLI WITH KITCHEN AND O EA; BASEMENT HAS L TORAGE & LOCKER SPA	FF- ICE;2ND. FL. F ARGE GALLEY, S	HAS ONE LARGE
I hereby certif	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises nov	v licensed;
2. the	licensee has complie	d with all laws of the Com	monwealth relating	to taxes; and
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY		artner or Authorized Corp	orate Officer	
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Bel	low:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	a explain)		-	
			-	
DATE:			-	<u> </u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 098400053	C	CITY OR TOWN PLYMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: RICHARD'S B	LACK ORCHID, INCRP.	
DOING BUSI	NESS A ISAAC'S		
ADDRESS 11	4 WATER STREET		
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER:	INFUSINO, ROBERT	TYPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS
	N OF LICENSED PRE		
RESTAURAN	T, KITCHEN AND FU		X. 6,403 SQ. FT. LOOUNGE, ANCES/ EXITS ON EAST AND WEST
I hereby certify	y and swear under pena	lties of perjury that:	
1. the	renewed license will be	e of the same type for the sa	nme premises now licensed;
	-		onwealth relating to taxes; and
3. the	premises are now open	for business (If not explain	n below)
SIGNED BY	Individual, Par	tner or Authorized Corpora	ate Officer
	,	·	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above once required by Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVI			
(If disapproved	л ехріані <i>)</i>		
DATE:			



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LICENSE NUMBER: 09	98400055		CIT	Y OR TOV	VN PLYMOU	ГН
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	CENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: P.	. & J. V. OF PLY	YMOUTH INC				
DOING BUSINESS A	MAMMA MIA	RESTAURAN'	Γ			
ADDRESS 122 WATER	R ST.					
CITY/TOWN: PLYMO	OUTH	STATE:	MA	ZIP CODE	: 02360	
MANAGER: VISCAR SALVA	· · · · · · · · · · · · · · · · · · ·	PE OF LICEN	SE: Restaura	int	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL A	DDRESS		_
DESCRIPTION OF LIC	ENSED PREM	ISES:				
TWO FLOOR WOOD F FACILITIES. SECOND DECK AND RESTROC	FLOOR: FUNC					TION
I hereby certify and swea	ar under penaltie	s of perjury tha	ıt:			
1. the renewed l	license will be of	f the same type	for the same	premises i	now licensed;	
2. the licensee h	nas complied wit	h all laws of the	e Commonw	ealth relati	ng to taxes; and	
3. the premises	are now open for	r business (If n	ot explain be	elow)		
SIGNED BY	ndividual, Partne	er or Authorized	l Corporate	Officer		
D. A. TITE						
DATE:	TELEPHON	NE NUMBER:			YER IDENTIFICAT	
				(Note: <u>NO</u>)		security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ir	spector and tl	ne head of t	he fire dep	artment for the	above
Please Check Below:			LC	OCAL LIC	ENSING AUTH	ORITY
APPROVED:			Ву			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	98400059		CITY OR TOWN	PLYMOUT	ГН
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: P DOING BUSINESS A ADDRESS 183 COUR'		RE,INC.			
CITY/TOWN: PLYM		STATE: MA	ZIP CODE:	02360	
MANAGER: BALBO					All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISE	S:			
ONE DOOR FOR ENT FLOOR, TWO ROOMS					Γ
I hereby certify and swe	ar under penalties o	f perjury that:			
•	•		e same premises now	licensed;	
			monwealth relating to		
	are now open for by		=		
		_			
SIGNED BY					
	ndividual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEDIJONE	MIMPED	EMDI OVED	IDENTIFICAT	TON NUMBER:
21121	TELEPHONE	NUMBER:	(Note: NOT Ind		
					•
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 098400060		CITY OR TOWN	PLYMOUTH
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: PLYMOUTH I	LIQUOR MART INC	C.	
DOING BUSINE	SS A PLYMOUTH	LIQUOR MART		
ADDRESS 285 C	COURT STREET			
CITY/TOWN: P	PLYMOUTH	STATE: N	AA ZIP CODE:	02360
	ATEL, AMALESH	TYPE OF LICENSE	::Package Store	CATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION (OF LICENSED PRE	EMISES:		
12X32 ADDITIO	N WITH ONE DO		R USED FOR STOCK NG AND A 40X40 AD G	
I hereby certify ar	nd swear under pena	lties of perjury that:		
1. the ren	newed license will be	e of the same type for	r the same premises no	w licensed;
2. the lice	ensee has complied	with all laws of the C	Commonwealth relating	to taxes; and
3. the pre	emises are now open	for business (If not	explain below)	
SIGNED BY	T 12 1 1 1 D		A OSC	
	Individual, Par	tner or Authorized C	orporate Officer	
D.A.TEE				
DATE:	TELEPH	IONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> 1	ndividual Social Security Number)
Please Check Below:			LOCAL LICEN	ISING AUTHORITY
Please Check Below: APPROVED:			LOCAL LICEN By:	ISING AUTHORITY
APPROVED: DISAPPROVED:				ISING AUTHORITY
APPROVED:				ISING AUTHORITY
APPROVED: DISAPPROVED:				ISING AUTHORITY
APPROVED: DISAPPROVED:				ISING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 098400061		CITY OR TOWN	PLYMOUT	Ή	
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS		•	YEAR	
LICENSEE NAME:	MAYFLOWER PK	G STORE,INC.				
DOING BUSINESS	A					
ADDRESS E/S STA	TE ROAD					
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360		
	TING, TYP SELL E	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:						
	E ON STATE ROAD SED FOR SALES AN			R WITH THR	EE	
2. the licens	red license will be of the ee has complied with sess are now open for be	all laws of the Com	monwealth relating to			
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI		
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	DRITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	098400066		CI	TY OR TOWN	PLYMOUT	ГН
APPLICATION FOR	RENEWAL:	Annu	al	LICENSED FOR 2013		
		CLAS	SS			YEAR
LICENSEE NAME:	T.M.C.C. INC					
DOING BUSINESS A	BRADFORD'S PAC	CKAGE STO	ORE			
ADDRESS 230 SAND	WICH STREET					
CITY/TOWN: PLYM	1OUTH	STATE:	MA	ZIP CODE:	02360	
MANAGER: HESLI	N, THOMAS TYPE	OF LICEN	SE:Packag	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:				
ONE FRONT ENTAN ROOMS WITH CELL			ND ONE	REAR EXIT. O	NE FLOOR:	TWO
I hereby certify and sw	ear under penalties of	f perjury tha	t:			
1. the renewed	d license will be of the	e same type	for the san	ne premises now	licensed;	
2. the licensee	has complied with al	l laws of the	Common	wealth relating t	o taxes; and	
3. the premise	s are now open for bu	siness (If no	ot explain	below)		
SIGNED BY						
	Individual, Partner or	Authorized	l Corporate	e Officer		
DATE:	TELEPHONE :	NUMBER:				TION NUMBER:
				(Note: NOT Inc	lividual Social S	Security Number)
Please Check Below:			I	LOCAL LICENS	SING AUTH	ORITY
APPROVED:			I	Зу:		
DISAPPROVED:	_					
(If disapproved explain	1)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 098400067		CITY OR TOWN	PLYMOUTH
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: SOUTH STRE	ET PKG STORE,INC		
DOING BUSINES	S A MAYFLOWE	ER FOOD & SPIRITS		
ADDRESS 164 SC	OUTH STREET			
CITY/TOWN: PL	YMOUTH	STATE: MA	ZIP CODE:	02360
	RAFOLI, IARLES E	TYPE OF LICENSE:	Package Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PRE	MISES:		
	NTRANCES AND	ORE SECTION, VID EXITS IN FRONT C		ARIETY STORE IN REAR OF BLDG.
I hereby certify and	l swear under pena	lties of perjury that:		
1. the rene	wed license will be	e of the same type for t	he same premises now	licensed;
2. the licer	nsee has complied	with all laws of the Co	mmonwealth relating t	o taxes; and
3. the pren	nises are now open	for business (If not ex	plain below)	
SIGNED BY	T 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		o cc	
	Individual, Par	tner or Authorized Con	porate Officer	
D 4 500				
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: <u>NO1</u> IIIC	lividual Social Security Number)
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved exp	olain)		-	
DATE:				
DAIE.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 098400068		CITY OR TOW	N PLIMOU	IП
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	JOSEPH PERRY	S MARKET,INC.			
DOING BUSINESS	A PERRY'S MAR	KET			
ADDRESS 200 STA	ANDISH AVENUE				
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: GIU	LIOTTI, RICK TY	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
		ANDISH AVE. AND USED FOR STORAG		EAR OF BLDC	G. INTO
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be of	f the same type for the	e same premises n	ow licensed;	
2. the licens	ee has complied wit	h all laws of the Com	monwealth relatin	g to taxes; and	
3. the premi	ses are now open fo	r business (If not expl	lain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(1101c. <u>1101</u>	Individual Social S	security Number)
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400070		CITY OR TOWN	PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ROGERS SUPERMA	RKET,INC		
DOING BUSINESS A LUKE'S SUPER LIC	QUORS		
ADDRESS STATE ROAD			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: MONAST, ROGER TYPE	OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
FIRST FLOOR USED FOR SELLING ARE STORAGE BEING IN HALLWAY AND G FOR STORAGE OF EXTRA STOCK, BOT EXITS; TWO FRONT; ONE SIDE.	ARAGE AND CH	ELLAR OF BLDG. T	TO BE USED ALSO
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now	licensed;
2. the licensee has complied with all	laws of the Com	nonwealth relating to	taxes; and
3. the premises are now open for but	siness (If not expl	ain below)	
SIGNED BY Individual, Partner or	Authorized Corpe	orate Officer	
DATE: TELEPHONE N	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 098400072		CITY OR TOWN PLYM	IOUTH
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FC	OR 2013
		CLASS		YEAR
LICENSEE NAME:	KARAGOSIAN	CORP.		
DOING BUSINESS	A PLYMOUTH I	LIQUORS		
ADDRESS 91 CAR	VER ROAD			
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE: 02360)
MANAGER: KAR JANI	AGOSIAN, T CE R.	YPE OF LICENSE: Pa	ckage Store CATEGO	RY: All Alcohol
EMAIL ADDRESS:				
•	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
BOTTLE BILL ROO	OM, BEER CHEST EXIT DOOR ON S	r, 1 RECEIVING ROC SALES FLOOR AND	E, 2 WASHROOMS, UTILI DM, A FRONT ENTRANCE I OUT BACK IN STORAGI	EXIT DOOR,
I hereby certify and s	wear under penalti	es of perjury that:		
1. the renew	ed license will be o	of the same type for the	e same premises now licensed	1;
2. the license	ee has complied wi	ith all laws of the Com	monwealth relating to taxes;	and
3. the premi	ses are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual, Partn	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTII (Note: NOT Individual So	FICATION NUMBER: ocial Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	in)		LOCAL LICENSING AU By:	JTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	098400076		CITY OR TOV	VN PLIMOU	IП
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DENNIS JOHN MC	NICHOLAS			
DOING BUSINESS A	A PLAZA PACKAG	E STORE			
ADDRESS STANDIS	SH PLAZA,RTE 44				
CITY/TOWN: PLYN	MOUTH	STATE: MA	ZIP CODE	: 02360	
MANAGER:	TYPI	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L					
ONE FLOOR 60X40, EXITS.	2 SEPARATE DOO	RS ON STREET S	SIDE OF BLD. 2	ENTRANCES A	AND 2
I hereby certify and sv	vear under penalties o	of perjury that:			
1. the renewe	d license will be of th	ne same type for the	e same premises i	now licensed;	
2. the license	e has complied with a	all laws of the Com	monwealth relati	ng to taxes; and	
3. the premise	es are now open for b	ousiness (If not exp	lain below)		
SIGNED BY	T 11 1 1 D		O.C.		
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NIIMRER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
	TEELITIONE	THOMBER.	(Note: NOT	Individual Social S	Security Number)
Please Check Below:			LOCALLIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			·		
(If disapproved explai	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0984000	77	CITY OR TOWN	PLYMOUT	ГН
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: SYEDA	H. CHAWDHURY			
DOING BUSINESS A TEDES	CHI'S #329			
ADDRESS 15 MAIN ST				
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER:	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		_
DESCRIPTION OF LICENSEI	PREMISES:			
3,300 SQ. FT. CONVENIENCE SQ. FT. OF STORAGE AREA			S AREA AN	D 100
	plied with all laws of the Com open for business (If not expl	=	o taxes; and	
SIGNED BY Individua	al, Partner or Authorized Corp	orate Officer		
DATE: TE	LEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 098400081		CITY OR TOWN PLYMO	UTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: LUCIOSO'S	PUB LLC		
DOING BUSINESS A LUCIOSO'S	S PUB		
ADDRESS 6 SPRING LANE			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: DAHER III, GABRIEL J.	TYPE OF LICENSE: F	Restaurant CATEGOR'	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
ADD RM OF APPRO. 324 SQ. FT.			
I hereby certify and swear under per	nalties of perjury that:		
1. the renewed license will	be of the same type for the	he same premises now licensed;	
2. the licensee has complied	d with all laws of the Cor	mmonwealth relating to taxes; an	d
3. the premises are now ope	en for business (If not ex	plain below)	
SIGNED BY Individual, P	artner or Authorized Cor	porate Officer	
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildinamed license and (2) the certific of 2010.	ing inspector and the he	ead of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	
APPLICATION FOR RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMB	ER: 098400082		CITY OR TOWN PI	LIMOUIH
APPLICATION F	OR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: FIRST VCH COI	RPORATION		
DOING BUSINES	S A LOBSTER HUT	Γ		
ADDRESS 25 TO	WN WHARF			
CITY/TOWN: PI	LYMOUTH	STATE: MA	ZIP CODE: 0	2360
MANAGER: HI		PE OF LICENSE: Resi		EGORY: Wine and Malt Regular
EMAIL ADDRES	S:			
		WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	ISES:		
FOUR ENTRANC THREE OF WHIC	CES AND EXITS, DII CH LEAD TO OUTSI	VING WITH KITCHEN NINF ROOM WITH FI DE WATERFRONT D CE AND STORAGE SI	VE ENTRANC ES AN INING AREA AND B	ND EXITS,
I hereby certify and	d swear under penaltie	es of perjury that:		
1. the rene	ewed license will be o	f the same type for the s	same premises now lice	ensed;
	-	th all laws of the Comm	•	xes; and
3. the prei	nises are now open for	or business (If not explain	in below)	
SIGNED BY	Individual, Partno	er or Authorized Corpor	rate Officer	
DATE:	TELEPHO	NE NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individual	ual Social Security Number)
Acts of 2004, sign	ned by the building i	re in possession (1) the nspector and the head of liquor liability insur	of the fire departmen	t for the above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENSING By:	G AUTHORITY
(If disapproved ex	plain)			
DATE.			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 098400083		CITY OR TOWN	PLYMOUT	ГН
APPLICATION	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013)13
		CLASS			YEAR
DOING BUSIN	AME: MANOMET I NESS A DI STATE ROAD	LIQUOR, INC.			
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER:	O'DONNELL, EDWARD	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PRI	EMISES:			
ONE DOOR W	ITH FRONT AND R	EAR EXIT, BACK ROC	OM FOR STORAGE.		
2. the l	licensee has complied	with all laws of the Com n for business (If not expl	monwealth relating to		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09840008	36	CITY OR TOWN PLYMOUTH	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013	3
	CLASS	Y	EAR
LICENSEE NAME: SAM DIE	GO'S EAST INC		
DOING BUSINESS A SAM D	IEGO'S MEXICAN COOKER	Y & BAR	
ADDRESS 51 MAIN ST			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: sorenson,richard	TYPE OF LICENSE: Re	staurant CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
FIRST FLOOR:KITCHEN,BAF			
		VING. ONE FIRST FLOOR ENTF AND ONE ENTRANCE/EXIT ON	
AST SIDE OF THE BUILDING		THE ONE ENTRANCE/EATT ON	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	will be of the same type for the	same premises now licensed;	
2. the licensee has comp	plied with all laws of the Com	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expl	ain below)	
SIGNED BY			
Individua	al, Partner or Authorized Corpo	orate Officer	
DATE:		EMBLOWED IDENTIFIES ATTO	NAME OF THE PARTY
TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secu	
		ricoto ricota individual poetal peet	inty (validet)
		e certificate required by Chapter	
, ,	~ .	d of the fire department for the ab	
of 2010.	meate of inquor natimity msu	rance required by Chapter 116 of	i the Acts
Please Check Below:		LOCAL LICENSING AUTHOR	ITV
APPROVED:		By:	d1 1
DISAPPROVED:		Dy.	
(If disapproved explain)			
		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400089		CITY OR TOWN	PLYMOUT	TH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: PLYMOUTH	PROPERTY, LLC			
DOING BUSINESS A THE BRITIS	SH BEER COMPANY			
ADDRESS 6 MIDDLE STREET				
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: Clarke, robert	TYPE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRIFIRST FLOOR ENTRANCE ON M I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open SIGNED BY	alties of perjury that: se of the same type for the with all laws of the Com	ENTRANCE e same premises now amonwealth relating to		
DATE: TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	g inspector and the hea	nd of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400090	J	CITY OR TOWN PLIMOU	IП
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: JOSEPH C	CHAHINE		
DOING BUSINESS A THE PHO	OENECIAN		
ADDRESS 202 SOUTH MEADO	OW STREET		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER:	TYPE OF LICENSE:P	ackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ONE STORY BUILDING, ONE KITCHEN AND STORAGE RO		NCY EXITS, 2 MAIN ENTRAN	CE,
3. the premises are now of SIGNED BY	lied with all laws of the Con open for business (If not exp ., Partner or Authorized Corp		
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social s	
Please Check Below: APPROVED:		LOCAL LICENSING AUTH	ORITY
DISAPPROVED:		Ву:	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: ()98400095		CITY	OR TOW	N PLYMOU	ГН
APPLICATION FOR I	RENEWAL:	Annual		LICE	ENSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	A. CHARLES CARA	ANCI, JR.				
DOING BUSINESS A	SQUIRREL RUN (COUNTRY CL	LUB AT CC	OACHMAN	VILLAGE	
ADDRESS 106 CARV	ER ROAD					
CITY/TOWN: PLYM	OUTH	STATE: N	MA Z	IP CODE:	02360	
MANAGER:	TYPE	E OF LICENSE	:Restauran	t	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL ADD	DRESS		_
DESCRIPTION OF LI						
ADDING THE OUTD PREMISES BY WAY CLUBHOUSE.						
I hereby certify and swe	ear under penalties o	of perjury that:				
1. the renewed	license will be of th	e same type for	r the same p	oremises no	w licensed;	
2. the licensee	has complied with a	ll laws of the C	Commonwea	alth relating	g to taxes; and	
3. the premises	s are now open for b	usiness (If not	explain belo	ow)		
SIGNED BY						
]	Individual, Partner o	r Authorized C	Corporate O	fficer		
DATE:				EMBLOW.		
DATE.	TELEPHONE	NUMBER:	(ER IDENTIFICAT Individual Social S	
						,
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building insp	ector and the	head of the	e fire depa	rtment for the	above
Please Check Below:			LOC		NSING AUTH	ORITY
APPROVED:			By:		151110 110 1111	VIII I
DISAPPROVED:			•			
(If disapproved explain)					
			-			
DATE:						
DAIE.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09840	0096	CITY	OR TOWN	PLYMOUT	ГH
APPLICATION FOR RENE	EWAL: An	nual	LICE	NSED FOR 20	013
	CI	LASS			YEAR
LICENSEE NAME: SHAF	ON F. SORCENELLI				
DOING BUSINESS A CEL	OARVILLE WINE & SP	IRITS			
ADDRESS 2245 STATE RI)				
CITY/TOWN: PLYMOUT	H STATE	E: MA ZI	IP CODE:	02360	
MANAGER:	TYPE OF LICE	ENSE:Package S	tore C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADD	PRESS		_
DESCRIPTION OF LICENS					
4000 SQ FT OF RETAIL SI THE FRONT OF THE STO					ANCE AT
SIGNED BY	now open for business (In				
DATE:	TELEPHONE NUMBE			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC By:	CAL LICEN	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400098		CITY OR TOWN PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: 14 UNION STRE	ET	
DOING BUSINESS A UNION FISH		
ADDRESS 14 UNION ST		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER: TOCCHIO, TY CHRISTOPHER R.	TPE OF LICENSE: Rest	caurant CATEGORY: All Alcoho
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMI	(SES:	
FIRST AND SECOND FLRS AND UPPENTRANCES AND EXITS EAST AND RESTAURANT SERVICE AREA. SEC	WEST SIDES. FIRST	Γ FLR: RESTAURANT AND
I hereby certify and swear under penaltie	s of perjury that:	
1. the renewed license will be of	f the same type for the s	same premises now licensed;
2. the licensee has complied wit		•
3. the premises are now open for	r business (If not explai	in below)
SIGNED BY Individual Partne	er or Authorized Corpor	rate Officer
individual, i artic	1 of Addionized Corpor	ale Giffeet
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER
TELETHO	VE NUMBER.	(Note: NOT Individual Social Security Number
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY
DISAPPROVED:		By:
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 098400101		CIT	Y OR TOWN	PLYMOUT	ГН
APPLICATION	FOR RENEWAL:	Annua	l	LICEN	SED FOR 20	013
		CLASS	S			YEAR
	ME: WATER STREET ESS A THE WATERFR		Γ GROUP	, LLC		
ADDRESS 170	WATER ST					
CITY/TOWN:	PLYMOUTH	STATE:	MA	ZIP CODE:	02360	
	CARDELLE, TY	PE OF LICENS	E:Restaura	ant C.	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL A	DDRESS		_
DESCRIPTION	OF LICENSED PREMI	SES:				
THE GROUND	REE STANDING STRU FLOOR, TWO EXITS F OUNGE, 13 X 29 ATRI	ROM THE SEC	COND FLO	OOR, KITCHE		
I hereby certify a	and swear under penalties	of perjury that:				
1. the re	enewed license will be of	the same type for	or the same	e premises now	licensed;	
2. the li	censee has complied with	all laws of the	Commonw	vealth relating t	o taxes; and	
3. the p	remises are now open for	business (If not	explain be	elow)		
SIGNED BY	Individual, Partner	or Authorized (Corporate	Officer		
DATE:				EN ON OVER		TON NUMBER
DATE.	TELEPHON	E NUMBER:				ION NUMBER: ecurity Number)
				(11010. <u>1101</u> III	iividuai 50ciai 5	ecurity (valider)
Acts of 2004, si	igned, attest that we are igned by the building in and (2) the certificate of	spector and the	head of t	he fire depart	ment for the	above
Please Check Below APPROVED: [DISAPPROVEI (If disapproved of	D:		LO By	OCAL LICENS y:	SING AUTHO	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400102	•	CITY OR TOWN PLYMOU	ľH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: KIMBALL FAMIL	Y CORPORATION		
DOING BUSINESS A WOOD'S SEAFOO	OD		
ADDRESS 15 TOWN PIER			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: KIMBALL, JAMES TYPE	E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
FIRST FLOOR; KITCHEN, FISH MARK EXITS. SECOND FLOOR; OFFICE ARE INCLUDE AN EXTERIOR DECK LOCA	EA. OUTSIDE CAN	OPY SEATING AREA. ALSO	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the s	same premises now licensed;	
2. the licensee has complied with a		<u> </u>	
3. the premises are now open for b	ousiness (If not explai	in below)	
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010.	pector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400104	(CITY OR TOWN PLYMOUTH	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEA	λR
LICENSEE NAME: AMERICAN INTE	RNATIONAL TRAD	NG, INC.	
DOING BUSINESS A CHINA PILGRIM	RESTAURANT		
ADDRESS 204 SOUTH MEADOW ROA	D		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: TANG-ENG, YIN TYPE LAI	E OF LICENSE: Resta	urant CATEGORY: All	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
ONE FLOOR WITH TWO DINING ROO THREE OTHER EXITS, A KITCHEN, S TOTAL AREA APPROX. 3,584 SQ. FT.			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the sa	ame premises now licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for b	ousiness (If not explain	n below)	
SIGNED BY Individual, Partner of	or Authorized Corpora	ate Officer	
DATE: TELEBRONE			
TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securit	
		(1000. 1001 Individual Social Securit	y (vuilloer)
We the undersigned, attest that we are i	in possession (1) the	certificate required by Chapter 30	4 6 41
Acts of 2004, signed by the building inspanned license and (2) the certificate of 1 of 2010.	pector and the head		ve
named license and (2) the certificate of	pector and the head	nce required by Chapter 116 of t	ve he Acts
named license and (2) the certificate of 1 of 2010.	pector and the head		ve he Acts
named license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	pector and the head	nnce required by Chapter 116 of t	ve he Acts
named license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED:	pector and the head	nnce required by Chapter 116 of t	ve he Acts
named license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	pector and the head	nnce required by Chapter 116 of t	ve he Acts



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LICENSE NUMBER	R: 098400110		CITY OR TOWN	N PLYMOUT	Ή
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	RK Restaurant A	ssociates, Inc			
DOING BUSINESS	A T-Bones Roadh	iouse			
ADDRESS 22 MAIN	N STREET				
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: Wilco	ox, Colin T	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
		T, FRONT ENTRAN CAPACITY IS 100, (NG
I hereby certify and s					
1. the renew	ed license will be o	of the same type for th	e same premises no	w licensed;	
2. the license	ee has complied wi	th all laws of the Com	monwealth relating	to taxes; and	
3. the premis	ses are now open for	or business (If not exp	lain below)		
SIGNED BY	Individual Partn	er or Authorized Corp	orate Officer		
	marriada, raid	or radionized corp			
DATE:	TEI EDUC	NE NUMBER:	EMPLOY	ER IDENTIFICAT	ON NUMBER:
	TELETIC	INE NUMBER.		ndividual Social Se	
Wa the and ancience	J 044004 4]004 0	: (1) 4l		and her Chamte	204 of 4h o
		re in possession (1) thinspector and the hea			
named license and of 2010.	(2) the certificate	of liquor liability ins	urance required b	y Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY	LICENSEES DURING THE 1	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 098400118		CITY OR TOWN	PLYMOUT	ГН
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES		N			
ADDRESS 015-23					
CITY/TOWN: PL	LYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: CO	RDON, VINICIO TY	PE OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OUR W F LICENSED PREMI	EBSITE AND ENTER YOUR E SES:	MAIL ADDRESS		
 the rene the licer 	I swear under penalties wed license will be of usee has complied with uses are now open for	the same type for the	monwealth relating t		
SIGNED BY	Individual, Partne	or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:			TON NUMBER:
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 098400119		CITY OR TOWN PLYMOU	TH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N	AME: A & N RESTAUL	RANT GROUP, INC.		
DOING BUSI	NESS A TUSCANY TAV	VERN		
ADDRESS 29	4 COURT STREET			
CITY/TOWN	: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER:	NOCERA, TY ALLESSANDRA C.	PE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR V ON OF LICENSED PREMI	VEBSITE AND ENTER YOUR EM ISES:	IAIL ADDRESS	
I hereby certif	y and swear under penaltie	es of perjury that:		
•	•		same premises now licensed;	
2. the	licensee has complied wit	h all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open fo	r business (If not expla	in below)	
SIGNED BY		er or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building in	nspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(II disapprovo	a enpium)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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	C	IIY OR TOWN	Zimocin
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: PLYMOUTH LODGE DOING BUSINESS A	NO. 2485 ,LOYAI	ORDER OF MOO	SE,INC.
ADDRESS 601 STATE RD			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: KUHN, FRANCIS TYPE C J. JR.	OF LICENSE: Club	CAT	EGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	:		
ONE FUNCTION ROOM, ONE SOCIAL QUE HALLWAY. TWO OUTSIDE EXITS FROM FUNCTION ROOM, ONE OUTSIDE EXIT CONNECTED, TOTAL FOUR OUTSIDE EXIT OF THE PROPERTY OF THE PR	I SOCIAL QUART FROM MEETING	ERS, ONE OUT SII ROOM. ALL ROOM	DE EXIT FROM MS ARE
I hereby certify and swear under penalties of p	perjury that:		
1. the renewed license will be of the	same type for the sa	me premises now lic	ensed;
2. the licensee has complied with all	laws of the Commo	nwealth relating to ta	axes; and
3. the premises are now open for busing	iness (If not explain	below)	
3. the premises are now open for busing SIGNED BY Individual, Partner or A			
SIGNED BY			
SIGNED BY	Authorized Corpora	te Officer	ENTIFICATION NUMBER:
SIGNED BY Individual, Partner or A	Authorized Corpora	te Officer EMPLOYER ID	ENTIFICATION NUMBER:
SIGNED BY Individual, Partner or A	Authorized Corpora TUMBER: possession (1) the cetor and the head o	EMPLOYER ID (Note: NOT Individent Individen	by Chapter 304 of the nt for the above
SIGNED BY Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010. Please Check Below:	Authorized Corpora TUMBER: possession (1) the cetor and the head of the liability insura	EMPLOYER ID (Note: NOT Individent Individen	by Chapter 304 of the nt for the above apter 116 of the Acts
SIGNED BY Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED:	Authorized Corpora TUMBER: possession (1) the cetor and the head of the liability insura	EMPLOYER ID (Note: NOT Individent In the fire department of the required by Chapter (Note) (by Chapter 304 of the nt for the above apter 116 of the Acts
SIGNED BY Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED: DISAPPROVED:	Authorized Corpora TUMBER: possession (1) the cetor and the head of the liability insura	EMPLOYER ID (Note: NOT Individent Individen	by Chapter 304 of the nt for the above apter 116 of the Acts
SIGNED BY Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010. Please Check Below: APPROVED:	Authorized Corpora TUMBER: possession (1) the cetor and the head of the liability insura	EMPLOYER ID (Note: NOT Individent Individen	by Chapter 304 of the nt for the above apter 116 of the Acts
SIGNED BY Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of lique of 2010. Please Check Below: APPROVED: DISAPPROVED:	Authorized Corpora TUMBER: possession (1) the cetor and the head of the liability insura	EMPLOYER ID (Note: NOT Individent Individen	by Chapter 304 of the nt for the above apter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400122		CITY OR TOWN	PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: WAVERLY OAKS GOI	LF CLUB, INC.		
DOING BUSINESS A			
ADDRESS 444 LONG POND ROAD			
CITY/TOWN: PLYMOUTH S	STATE: MA	ZIP CODE:	02360
MANAGER: RIDDER, MARK TYPE OF	F LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE DESCRIPTION OF LICENSED PREMISES:	AND ENTER YOUR EN	IAIL ADDRESS	
I hereby certify and swear under penalties of pe 1. the renewed license will be of the sa 2. the licensee has complied with all la 3. the premises are now open for busin	nme type for the nws of the Comn	nonwealth relating to	
SIGNED BY Individual, Partner or Au	uthorized Corpo	rate Officer	
DATE: TELEPHONE NU	JMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are in postacts of 2004, signed by the building inspecton named license and (2) the certificate of liquo of 2010.	or and the head	of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 098400123		CITY OR TOWN	PLYMOUT	Н
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
	NICOLE M. DIGIUS A CARMEN'S CAFE ATER STREET				
CITY/TOWN: PLY	YMOUTH	STATE: MA	ZIP CODE:	02360	
	IUSTO, TYPE OLE M.	E OF LICENSE: Res	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEB		IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
 the renew the licens 	swear under penalties of wed license will be of the see has complied with a ises are now open for be	e same type for the ll laws of the Comm	nonwealth relating to		
SIGNED BY	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind	LIDENTIFICATI	
We the undersigned Acts of 2004, signed	TELEPHONE ed, attest that we are in ed by the building insp (2) the certificate of li	n possession (1) the	(Note: NOT Indecentificate require of the fire departs	ividual Social Se ed by Chapte nent for the	ecurity Number) or 304 of the above
We the undersigne Acts of 2004, signe named license and	ed, attest that we are ined by the building insp (2) the certificate of li	n possession (1) the	(Note: NOT Indecentificate require of the fire departs	ividual Social Se ed by Chapte nent for the a Chapter 116	er 304 of the above of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	198400126		CITY OR TOV	VN PLIMOUI	ιп
APPLICATION FOR R	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A ADDRESS 14 NORTH		AND SPIRITS, IN	TC		
CITY/TOWN: PLYM	OUTH	STATE: MA	ZIP CODE	: 02360	
MANAGER: BERG,	STEPHEN J. TYPE	OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIG FIRST FLOOR OF PRI AND SIDE EXIT WAY	EMISE WITH APPE		OF FLOOR SPA	CE WITH A FR	ONT
2. the licensee 3. the premises SIGNED BY	license will be of the has complied with all are now open for bu	l laws of the Com usiness (If not expl	monwealth relation		
•	narviadar, i artifer of	Trumonzeu Corp	orace Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICI By:	ENSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400	127	CITY OR TOWN PLYMOU	JTH
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SOUTH	HERS MARSH GOLF CLUB	LLC	
DOING BUSINESS A			
ADDRESS 30 SOUTHERS N	AARSH LANE		
CITY/TOWN: PLYMOUTH	STATE: MA	A ZIP CODE: 02360	
MANAGER: STEARNS, WILLIAM B	TYPE OF LICENSE: I	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
FIVE ENTRANCES/EXITS.	COVERED DECK WITH RA	E. FUNCTION ROOM SEATS 12 JILING ON NORTH SIDE. 46X6 JIACENT TO THE MAIN CLUB	4 TENT
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for t	he same premises now licensed;	
2. the licensee has co	mplied with all laws of the Co	mmonwealth relating to taxes; and	l
3. the premises are no	ow open for business (If not ex	plain below)	
SIGNED BY Individ	ual, Partner or Authorized Co	rporate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by the	building inspector and the h	the certificate required by Chap ead of the fire department for th surance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
			



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LICENSE NUMBER: 09	8400131		C.	ITY OR TOW.	N PLIMOU	IΠ
APPLICATION FOR RI	ENEWAL:	Annı	ıal	LICE	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: PI	YMOUTH COU	NTRY CLU	B, INC			
DOING BUSINESS A	PLYMOUTH CO	UNTRY CL	JВ			
ADDRESS WARREN A	VE					
CITY/TOWN: PLYMC	OUTH	STATE:	MA	ZIP CODE:	02360	
MANAGER:	TYP	E OF LICEN	ISE: Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WE	EBSITE AND ENTE	R YOUR EMAII	ADDRESS		
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
12 ENTRANCES/ EXIT ROOMSSECOND FLO						
MEN'S ROOMS, OUTS						
PATIO AREA LOCATE DISPENSED FROM TH						RE
I hereby certify and swea						
1. the renewed l	icense will be of t	the same type	for the sai	ne premises no	w licensed;	
2. the licensee h	as complied with	all laws of th	e Commor	wealth relating	g to taxes; and	
3. the premises a	are now open for	business (If n	ot explain	below)		
SIGNED BY	dividual, Partner	or Authoriza	d Cornorat	e Officer		
111	dividuai, i artiici	of Authorize	u Corporat	c Officei		
DATE:	TELEPHON	F NUMBER:		EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEEI HOIV	L NOMBLK.		(Note: NOT	Individual Social S	Security Number)
	_					
We the undersigned, at Acts of 2004, signed by						
named license and (2) 1						
of 2010.						
Please Check Below:]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						
DATE.						



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LICENSE NUM	BER: 098400132		CITY OR TO	JWN	PLIMOUI	п
APPLICATION	FOR RENEWAL:	Annual	L	ICENSI	ED FOR 20	013
		CLASS				YEAR
	ME: NOCERA RI ESS A CAFE STR	ESTAURANT GROUP, EGA	INC			
ADDRESS 16 M	IAIN ST					
CITY/TOWN:	PLYMOUTH	STATE: M	A ZIP COI	DE:	02360	
MANAGER: I	DEFILLIPPIS, MARIA	TYPE OF LICENSE:	Restaurant	CA	ΓEGORY:	All Alcohol
EMAIL ADDRE	SS:					
DESCRIPTION	OF LICENSED PF	COUR WEBSITE AND ENTER YOU REMISES:	K EMAIL ADDRESS			
2. the lie	eensee has complie remises are now op	be of the same type for to d with all laws of the Co en for business (If not ex Partner or Authorized Co	mmonwealth rela			
DATE:	TELEI	PHONE NUMBER:				ION NUMBER: ecurity Number)
Acts of 2004, sig	gned by the buildi	we are in possession (1) ing inspector and the he rate of liquor liability in	ead of the fire d	epartm	ent for the	above
Please Check Below APPROVED: DISAPPROVED (If disapproved e	D:		LOCAL LI By:	CENSII	NG AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09840013	3	CITY OR TOWN	PLYMOUTH	
APPLICATION FOR RENEWA	L: Annual	LICEN	SED FOR 2013	
	CLASS		YEA	AR
LICENSEE NAME: THE NEW	W WORLD TAVERN, INC			
DOING BUSINESS A				
ADDRESS 56 MAIN STREET				
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: HEINE, KARL J	R. TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All	Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VI DESCRIPTION OF LICENSED	ISIT OUR WEBSITE AND ENTER YOUR E PREMISES:	EMAIL ADDRESS		
2. the licensee has comp	penalties of perjury that: vill be of the same type for the blied with all laws of the Com open for business (If not explanation)	monwealth relating to		
SIGNED BY Individual	l, Partner or Authorized Corp	orate Officer		
DATE: TEL	LEPHONE NUMBER:		LIDENTIFICATION I	
We the undersigned, attest that Acts of 2004, signed by the built named license and (2) the certification of 2010.	ilding inspector and the hea	d of the fire departi	nent for the abov	ve
Please Check Below:		LOCAL LICENS	ING AUTHORIT	Υ
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				
DATE:				



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LICENSE NUM	BER: 098400135		CITY OR TOWN P	LYMOUTH
APPLICATION	FOR RENEWAL:	Annual	LICENSEI	D FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: 99 RESTAUR	ANT OF BOSTON, LL	.C	
DOING BUSINI	ESS A 99 RESTAU	RANT & PUB		
ADDRESS 19 H	OME DEPOT DRIV	VE		
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360
	MCKEOWN, RUSSELL	TYPE OF LICENSE: R	destaurant CATI	EGORY: All Alcohol
EMAIL ADDRE	ESS:			
DESCRIPTION	PLEASE ALSO VISIT OF OF LICENSED PRI	OUR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS	
I hereby certify a	and swear under pena	alties of perjury that:		
•	-		ne same premises now lice	ensed;
2. the lie	censee has complied	with all laws of the Cor	nmonwealth relating to ta	xes; and
3. the pr	remises are now open	n for business (If not ex	plain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Officer	
DATE:	TELEPI	HONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Acts of 2004, si	gned by the buildin	g inspector and the he	the certificate required l ad of the fire departmen surance required by Ch	nt for the above
Please Check Below	<u>:</u>		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved 6				
(11 disappioved t	Apiani)			
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L	Ch. 138 \$ 16A)



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LICENSE NUMB	ER: 098400137		CITY OR TOWN	PLYMOUT	ТН
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: SESAME Z CORP.				
DOING BUSINES	SS A SUSHI JOY				
ADDRESS 124B	COLONY PLACE				
CITY/TOWN: PI	LYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: CH	HEN,GAN QUAN TYPE	OF LICENSE: Res	taurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		L
DESCRIPTION O	OF LICENSED PREMISE	ES:			
 the rene the lice 	d swear under penalties of ewed license will be of the ensee has complied with a mises are now open for bu	e same type for the Ill laws of the Comn	nonwealth relating t		
SIGNED BY	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Inc		TON NUMBER: ecurity Number)
Acts of 2004, sign	ned, attest that we are in ned by the building insp nd (2) the certificate of li	ector and the head	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(11 disappioved ex	piam)				
DATE:					
APPLICATION FOR REN	NEWAL MUST BE FILED BY LICI	ENSEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400141		CITY OR TOWN	PLYMOUT	TH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CABBYSHACK, INDOING BUSINESS A CABBYSHACK	NC.			
ADDRESS 30 TOWN WHARF RD				
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: BRINI, LISA A TYP	E OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS		MAIL ADDRESS		
I hereby certify and swear under penalties 1. the renewed license will be of the complex of the licensee has complied with the complex of the premises are now open for the complex of the complex of the premises are now open for the complex of th	he same type for the all laws of the Com	nonwealth relating t		
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		ION NUMBER:
We the undersigned, attest that we are a Acts of 2004, signed by the building inspared license and (2) the certificate of 2010.	pector and the head	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:098400144		CITY OR TOWN	PLYMOUTH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SANDRA A. C	COTTI		
DOING BUSINESS	A SANDY'S AT	PLYMOUTH BEACH	I	
ADDRESS 132 WAF	RREN AVE			
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360
MANAGER:	,	TYPE OF LICENSE: R	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF I		JR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
I hereby certify and sy	wear under penal	lties of perjury that:		
	_	e of the same type for th	e same premises now	licensed;
	_	with all laws of the Com	=	taxes; and
3. the premis	ses are now open	for business (If not exp	lain below)	
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned Acts of 2004, signed	l, attest that we l by the building	are in possession (1) the ginspector and the heat	(Note: <u>NOT</u> Ind he certificate require nd of the fire departi	ed by Chapter 304 of the
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below:	l, attest that we l by the building	are in possession (1) the ginspector and the heat	(Note: <u>NOT</u> Ind he certificate require nd of the fire departi urance required by	ed by Chapter 304 of the nent for the above
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	l, attest that we l by the building	are in possession (1) the ginspector and the hea	(Note: <u>NOT</u> Ind he certificate require nd of the fire departi urance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	l, attest that we l by the building 2) the certificat	are in possession (1) the ginspector and the hea	(Note: NOT Ind the certificate require ad of the fire departs urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	l, attest that we l by the building 2) the certificat	are in possession (1) the ginspector and the hea	(Note: NOT Ind the certificate require ad of the fire departs urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	l, attest that we l by the building 2) the certificat	are in possession (1) the ginspector and the hea	(Note: NOT Ind the certificate require ad of the fire departs urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER: 098400145	(CITY OR TOWN PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: FRESKOE, L DOING BUSINESS A ON THE RO		
ADDRESS 424 LONG POND RD		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER: PAGANIS, STATHIS	TYPE OF LICENSE: Com	mercial club CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IIL ADDRESS
DESCRIPTION OF LICENSED PR	EMISES:	
		ACK AREA COFFEE BAR, OFFICE, TING FOR 32 PEOPLE. TENT AREA
3. the premises are now open SIGNED BY		
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NU	MBER: 098400146		CITY OR TOWN PLYI	MOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE N	AME: SODEXHO	OPERATIONS, LLC		
DOING BUSI	NESS A CREATIVE	E GORMETS		
ADDRESS 13	7 WARREN AVENU	JE		
CITY/TOWN:	: PLYMOUTH	STATE: MA	ZIP CODE: 0236	50
MANAGER:	ARKELL, KATHLEEN	TYPE OF LICENSE: R	Restaurant CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT N OF LICENSED PF	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
1. the 2. the	renewed license will licensee has complie	d with all laws of the Cor	ne same premises now license mmonwealth relating to taxes	
5. the	premises are now op	en for business (If not ex	pram below)	
SIGNED BY	Individual, P	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENT (Note: NOT Individual S	IFICATION NUMBER: Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the he	the certificate required by Cad of the fire department for surance required by Chapton	or the above
Please Check Bel			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(II GISUPPIO VO				
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 098400148		CITY OR TOWN	PLYMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: VERC ENTE	RPRISES, INC		
DOING BUSIN	NESS A VERC EXX	ON		
ADDRESS 13	1 COMMERCE WAY	Y		
CITY/TOWN:	PLYMOUTH	STATE: M	A ZIP CODE:	02360
MANAGER:	VERCOLLONE, PAUL	TYPE OF LICENSE:	Package Store C.	ATEGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
THE FACILIT	Y WILL BE ONE ST	N, CAR WASH AND C ΓORY, APPROX 3000 REE SINGLE DOORS	SQFT AND WILL HA	VE DOUBLE
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for	the same premises now	licensed;
2. the	licensee has complied	d with all laws of the Co	mmonwealth relating t	o taxes; and
3. the	premises are now ope	en for business (If not ex	xplain below)	
SIGNED BY				
	Individual, P	artner or Authorized Co	rporate Officer	
DATE				
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(Note: <u>NOT</u> III)	iividuai Sociai Security Number)
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 098400150		CITY OR TOV	VN PLIMOU	IП
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CATORIMA, INC				
DOING BUSINESS	A PILGRIM WINE & SI	PIRIT			
ADDRESS 35 HOM	IE DEPOT DR				
CITY/TOWN: PLY	YMOUTH S	STATE: MA	ZIP CODE	: 02360	
	AFTON, TYPE O	F LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES:				
DIVIDED INTO TV	ENT BLOCK BUILDING VO HANDICAPED ACCI ALES AT FRONT. ONE I AT REAR.	ES TOILETS AN	ND STORAG R	OOM AT REAR	OF
I hereby certify and	swear under penalties of p	erjury that:			
1. the renev	ved license will be of the sa	ame type for the	same premises r	now licensed;	
2. the licens	see has complied with all la	aws of the Comn	nonwealth relation	ng to taxes; and	
3. the prem	ises are now open for busin	ness (If not expla	ain below)		
SIGNED BY	Individual, Partner or A	uthorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHONE NU	JMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below:			LOCALLICE	ENSING AUTH	ORITY
APPROVED:			By:	31 (31) (3 110 111	
DISAPPROVED: [•		
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 098400151		CITY OR TOWN	PLYMOUTH
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	THE BLACK F	RASPBERRY PUB, LLO	C	
DOING BUSINESS	A THE BLACK	RASPBERRY PUB		
ADDRESS 36 COR	DAGE PARK CI	RCLE		
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: GAR DIA	,	ΓΥΡΕ OF LICENSE:Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
		OTALS 3341 SQ FT. TI TRUCTURE AND ONE		
2. the licens	see has complied vises are now open	e of the same type for the with all laws of the Com- for business (If not expl tner or Authorized Corp	monwealth relating tain below)	
DATE.				
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signe	d by the building	g inspector and the hea	e certificate requir d of the fire depart	red by Chapter 304 of the
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				
DATE.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400152		CITY OR TOWN	PLYMOUTH	H
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 201	.3
	CLASS		Y	YEAR
LICENSEE NAME: LIGHTHOUSE E	NTERPRISES, LLC			
DOING BUSINESS A LONG RIDGE V	VINE AND SPIRITS			
ADDRESS 8 PURCHASE STREET				
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: TIBBETTS, TY NANCY	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMI	SES:			
3200 SQ FT ON FIRST FLOOR RETAI BUILDING	L SPACE. THREE EX	XITS. 600 SQ FT O	F STORAGE	IN
2. the licensee has complied with 3. the premises are now open for SIGNED BY	r business (If not expla	in below)	taxes; and	
Individual, Partne	r or Authorized Corpor	rate Officer		
DATE: TELEPHON	NE NUMBER:		IDENTIFICATIC	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	RITY
DATE:				



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LICENSE NUMBER	₹: 098400153		CITY OR TOW	VN PLYMOU	ГН
APPLICATION FOI	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BUGABOO CRI	EEK HOLDINGS, IN	C		
DOING BUSINESS	A BUGABOO CF	REEK STEAK HOUS	SE		
ADDRESS OFF LO	NG POND RD				
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	: 02169	
MANAGER: Berry	y, Brian T	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
	_				
I hereby certify and s	-				
		of the same type for the	-		
		ith all laws of the Cor		ng to taxes; and	
3. the premi	ses are now open for	or business (If not exp	plain below)		
SIGNED BY			0.00		
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	security Number)
We the undersigne	d, attest that we a	re in possession (1) t	he certificate req	uired by Chapt	er 304 of the
		inspector and the he			
named license and of 2010.	(2) the certificate	of liquor liability ins	surance required	by Chapter 116	of the Acts
Please Check Below:			LOCALLICI		ODITY
APPROVED:			By:	ENSING AUTH	ORITY
DISAPPROVED:			Бу.		
(If disapproved expla	ain)				
-					
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 098400154		CITY O	R TOWN	PLYMOUT	CH
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
	E: SODEXHO OPER S A CREATIVE GOU ARREN STREET		MACK ROOM	(M		
CITY/TOWN: PL	YMOUTH	STATE: N	MA ZIP	CODE:	02360	
	KELL, TYI THLEEN	PE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
DESCRIPTION OI	PLEASE ALSO VISIT OUR W F LICENSED PREMIS		OUR EMAIL ADDRE	SS		
 the rene the licer 	I swear under penalties wed license will be of usee has complied with uses are now open for	the same type for all laws of the C	Commonwealtl	n relating to		
SIGNED BY	Individual, Partner	or Authorized C	Corporate Offic	cer		
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
Acts of 2004, sign	ned, attest that we are ed by the building in d (2) the certificate of	spector and the	head of the fi	re departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCA By:	L LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 098400155		CITY OR TOV	VN PLYMOU	ГН
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: SODEXHO OPER S A CREATIVE GOU ARREN STREET_C		DY PICNIC PAVIL	LION	
CITY/TOWN: PL		STATE: M	A ZIP CODE	: 02360	
	KELL, TYI	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W F LICENSED PREMIS		R EMAIL ADDRESS		
 the rene the licer 	I swear under penalties weed license will be of usee has complied with mises are now open for	the same type for all laws of the Co	ommonwealth relation		
SIGNED BY	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building ins d (2) the certificate of	spector and the h	ead of the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBE	ER: 098400156		CITY OR TOWN PLYMOU	TH
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME	E: MANOMET BLU	UES, LLC		
DOING BUSINES	S A SWEET LEMO	ONS		
ADDRESS 986 ST	ATE RD			
CITY/TOWN: PL	YMOUTH	STATE: MA	ZIP CODE: 02360	
	EVENITZ, TY	YPE OF LICENSE:R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	F LICENSED PREM			
		O, FOUR ADDITION	JAL EXITS ON THE NORTH A	ND EAST
3. the pren		or business (If not exp		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ed by the building i	nspector and the hea	he certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Below:	_		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	Ll plain)			
· · · · · · · · · · · · · · · · · · ·				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 098400160		CITY OR TOWN	PLYMOU'I	ГН
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	S A	WINE CELLAR, INC			
ADDRESS 63-R C					
CITY/TOWN: PL	YMOUTH	STATE: MA	ZIP CODE:	02369	
	NSALVES, ZANNE	TYPE OF LICENSE: Pa	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	FLICENSED PR	EMISES:			
	L TO PUBLIC. S	NT. ENTRANCE ON M SEPARATE AREA IN B EA			
2. the licen 3. the prem	see has complied	be of the same type for the with all laws of the Conn for business (If not exp	nmonwealth relating		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400161		CITY OR TOWN PLYMOUT	TH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: OS GOLF MAI	NAGEMENT,LLC THE I	LEARNING CENTER	
DOING BUSINESS A			
ADDRESS 47A DOUBLE BROOK			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: FORD, DREW	ΓΥΡΕ OF LICENSE:Com	nmercial club CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRE	IR WEBSITE AND ENTER YOUR EM. MISES:	AIL ADDRESS	
I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	of the same type for the swith all laws of the Comm	onwealth relating to taxes; and	
SIGNED BY Individual, Part	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	g inspector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS By:	ORITY
DATE:			



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LICENSE NU	MBER: 098400162		CITY OR TOWN PLYMC	DUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: KALKANIS E	BROTHERS, INC		
DOING BUSI	NESS A MINERVA'S	S PIZZERIA		
ADDRESS 22	91 STATE ROAD			
CITY/TOWN:	: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER:	KALKANIS, FOTIOS	TYPE OF LICENSE:R	Restaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT O ON OF LICENSED PRI	OUR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS	
1. the 2. the	licensee has complied	pe of the same type for the	ne same premises now licensed; nmonwealth relating to taxes; ar plain below)	nd
SIGNED BY	Individual, Pa	urtner or Authorized Cor	porate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004,	signed by the buildin	ng inspector and the he	the certificate required by Cha ad of the fire department for t surance required by Chapter	the above
Please Check Bel APPROVED:			LOCAL LICENSING AUT	THORITY
DISAPPROV	ED:		By:	
(If disapproved	d explain)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 098400166		CITY OR TOWN	PLYMOU'	ГН
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
	E: PHILLIP J. O'HAN S A WATER STREE TER STREET				YEAR
CITY/TOWN: PL	YMOUTH	STATE: MA	ZIP CODE:	02360	
	HANLEY, TY	PE OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				1
DESCRIPTION OF	PLEASE ALSO VISIT OUR W F LICENSED PREMI		EMAIL ADDRESS		
 the rene the licer 	I swear under penalties wed license will be of usee has complied with uses are now open for	the same type for the all laws of the Com	nmonwealth relating		
SIGNED D1	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ed by the building in d (2) the certificate of	spector and the hea	nd of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	098400167		CITY OR TOWN	1 PLYMOU	ГH
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Your Next Meal C	Corp			
DOING BUSINESS A	The Blue Eyed C	Crab Grill and Raw I	Bar		
ADDRESS 170 WAT	ER ST				
CITY/TOWN: PLYN	MOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: Casey,	James F. TY	PE OF LICENSE: R	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
600 SF DINING ROO	OM WITH TWO E	XITS. 200 SF KITO	CHEN AND BATHI	ROOM	
I hereby certify and sw	-				
			ne same premises no		
			nmonwealth relating	to taxes; and	
3. the premise	s are now open for	r business (If not exp	plain below)		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	Individual Social S	Security Number)
We the undersigned.	attact that we are	a in naccassian (1) (the cortificate requi	ired by Chant	for 301 of the
Acts of 2004, signed		•	-		
named license and (2 of 2010.	the certificate of	f liquor liability ins	surance required by	y Chapter 116	of the Acts
Please Check Below:			LOCALLICEN	ICINIC ALITH	ODITY
APPROVED:			LOCAL LICEN By:	ISING AUTH	ORITY
DISAPPROVED:			By.		
(If disapproved explain	_ n)				
DATE.			-		
DATE:					



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LICENSE NU	MBER: 098400171		CITY OR TOWN PLYMOU	TH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI	AME: RUSSELL QUIGG NESS A ON THE TEE NATALIE WAY			
		CTATE MA	7ID CODE: 02260	
	PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER:	QUIGG, RUSSELL TYP	E OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	ES:		
4000 SQ FT B	UILDING 60 X 65,ONE E	NTRANCE IN FROM	NT,ONE EXIT ON SIDE	
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of t	he same type for the	same premises now licensed;	
2. the	licensee has complied with	all laws of the Comn	nonwealth relating to taxes; and	
3. the	premises are now open for l	ousiness (If not expla	nin below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Acts of 2004,	signed by the building ins	pector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Belo	DW:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	l explain)		-	
DATE:				
	DENEWAL MICE DE EURO SYLV	CENGEES DUDING TUTE > 1	ONTH OF MOVEMBER ALCA CLASS A	
APPLICATION FOR	K KENEWAL MUST BE FILED BY LI	LENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	(0A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	98400172		CITY OR TO	WN PLYMOU	ГH
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T	GI FRIDAY'S, INC				
DOING BUSINESS A	TGI FRIDAY'S				
ADDRESS 200 COLON	NY PLACE				
CITY/TOWN: PLYMO	OUTH	STATE: MA	ZIP CODI	E: 02360	
MANAGER: MEYER	, DENISE TYPE	OF LICENSE: Rest	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC					
APPROX 5758 SQ FT V SEAT APPROX 24. TH				D BAR WHICH	WILL
	1 1:				
I hereby certify and swe	ar under penalties of license will be of the		sama nramicas	now licensed:	
	nas complied with al	* *	-		
	are now open for bu			ing to tailes, and	
SIGNED BY					
I	ndividual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE 1	NUMBER:		OYER IDENTIFICAT	
			(Note: NO	<u>T</u> Individual Social S	security Number)
We the undersigned, a					
Acts of 2004, signed by named license and (2)					
of 2010.		1		ray campaca and	
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098	400173		CIT	Y OR TOWN	PLYMOUT	ľH
APPLICATION FOR REI	NEWAL:	Annua	վ	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: REI	D ROBIN INTERN	NATIONAL	, INC			
DOING BUSINESS A RI	ED ROBIN AMER	ICA'S GOU	JRMET BU	JRGERS AND	SPIRITS	
ADDRESS 269 COLONY	PLACE					
CITY/TOWN: PLYMOU	JTH	STATE:	MA	ZIP CODE:	02360	
MANAGER: ZAHARA JR.	ROBERT TYPE (OF LICENS	SE: Restaura	ant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL A	DDRESS		_
DESCRIPTION OF LICE						
ONE STORY BLDG WIT ENTRANCE AND TWO						
2. the licensee has	under penalties of cense will be of the s complied with all re now open for bus	same type f	For the same Commonw	ealth relating		
SIGNED BY	lividual, Partner or	Authorized	Corporate	Officer		
DATE.						
DATE:	TELEPHONE N	NUMBER:			R IDENTIFICAT dividual Social S	
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building inspe	ctor and th	e head of t	tificate requir he fire depart	ed by Chapto ment for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED:			L(B <u>y</u>	OCAL LICENS y:	SING AUTHO	ORITY
(If disapproved explain) DATE:			 			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	98400174		CITY OR TO	OWN PLYMOU	TH
APPLICATION FOR RI	ENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: H	AYBEAN INC.				
DOING BUSINESS A	ROO BAR				
ADDRESS 10 CORDAG	GE PARK CIRCLE				
CITY/TOWN: PLYMO	OUTH	STATE: MA	ZIP COD	DE: 02539	
MANAGER: MACKI	N, KRISTIN TYPE	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIC					
5961 SQ FT OF FIRST					
OF A LOUNGE AREA, ENTRANCE AND TWO				AREA WITH MAI	IIN
I hereby certify and swea	-				
	license will be of the	* *	-		
	nas complied with al			iting to taxes; and	
3. the premises	are now open for bu	ısiness (If not expla	in below)		
SIGNED BY	ndividual, Partner or	r Authorized Corpo	rate Officer		
	,				
DATE:	TELEPHONE :	NUMBER:	EMPI	LOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>Note</u>	OT Individual Social S	Security Number)
We the undersigned, a	ttost that we are in	nossossion (1) the	oortificato r	oguired by Chant	tor 304 of the
Acts of 2004, signed by					
named license and (2) of 2010.	the certificate of lie	quor liability insui	rance require	d by Chapter 110	6 of the Acts
Please Check Below:			LOCALLI	CENSING AUTH	ORITY
APPROVED:			By:	021 (011 (0110 111	
DISAPPROVED:			,		
(If disapproved explain)					
			-		
DATE:					
D.1111.					



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LICENSE NUME	3ER: 0984001/5		CITY	ORIOWN	PLIMOUI	П
APPLICATION I	FOR RENEWAL:	Annual	I	LICEN	SED FOR 20)13
		CLASS	S			YEAR
LICENSEE NAM DOING BUSINE ADDRESS 10 CO	SS A	UISINE, INC-PLYM	OUTH			
		OT A TEL	N	WD CODE	02260	
CITY/TOWN: P		STATE:		ZIP CODE:	02360	
MANAGER: SA	ANGWORN, HAMPO	TYPE OF LICENSI	E:Restaurar	nt CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OF LICENSED PR	OUR WEBSITE AND ENTER Y	OUR EMAIL AD	DRESS		
LOCATED IN FI	RONT AND KITC	X 3000 SQ FT OF FI HEN IN REAR. ONE KIT AT REAR OF BU	E ENTRAN			
2. the lice	ensee has complied	be of the same type for d with all laws of the Confor business (If not	Commonwe	ealth relating to		
	Individual, P	artner or Authorized (Corporate C	Officer		
DATE:		NIONE NUMBER		EMPI OVER		ION NUMBER:
DITIE.	IELEP	HONE NUMBER:		(Note: NOT Ind		
Acts of 2004, sig	ned by the buildi	re are in possession (ng inspector and the ate of liquor liability	head of th	e fire departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LO By:	CAL LICENS	SING AUTHO	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0984	400176		CITY OR T	OWN PLYMOU	TH
APPLICATION FOR REN	JEWAL:	Annual		LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: Plyn	nouth Hotel Inv	vestment, LLC			
DOING BUSINESS A Hi	lton Garden Inn	1			
ADDRESS 4 HOME DEP	OT DRIVE				
CITY/TOWN: PLYMOU	TH	STATE: MA	ZIP CO	DE: 02360	
MANAGER: LAJOIE, K	ELLY J. TYP	PE OF LICENSE: Int	nholder	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
130 ROOM, 5 STORY HO PAVILLION,SMALL BAI MEETING ROOMS, FOO LAVATORIES. EGRESS	R,REGISTRAT DD PREP AREA	TION DESK, EXER A,HOUSEKEEPING	CISE ROOM	POOL AREA. 2 S	
2. the licensee has	ense will be of to complied with	the same type for the all laws of the Com- business (If not expl	monwealth re		
SIGNED BY Indi	vidual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		PLOYER IDENTIFICA	
			(Note:]	NOT Individual Social	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building ins	spector and the hea	d of the fire	department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL I By:	ICENSING AUTH	HORITY
DATE:					



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LICENSE NUM	MBER: 098400178		CITY OR TOW	N PLYMOUT	Н
APPLICATION	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	13
		CLASS		7	YEAR
LICENSEE NA	AME: OS Golf Managen	nent LLC			
DOING BUSIN	NESS A				
ADDRESS 43	Doublebrook				
CITY/TOWN:	PLYMOUTH	STATE: M	ZIP CODE:	02360	
MANAGER:	FORD,DREW TY	PE OF LICENSE:	Commercial club	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	JR EMAIL ADDRESS		
	N OF LICENSED PREMI				
	ouildings thereon including Banquet rooms and outdo				the first
I hereby certify	and swear under penaltie	s of perjury that:			
1. the 1	renewed license will be of	the same type for	the same premises n	ow licensed;	
2. the 1	licensee has complied with	h all laws of the Co	ommonwealth relatin	ig to taxes; and	
3. the 1	premises are now open for	business (If not e	xplain below)		
SIGNED BY					
	Individual, Partne	r or Authorized Co	orporate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICATI	
			(Note: NOT	Individual Social Se	curity Number)
We the under	signed, attest that we are	e in possession (1)	the certificate requ	uired by Chapte	r 304 of the
	signed by the building in				
of 2010.	e and (2) the certificate o	i iiquor nabiiity i	nsurance required	by Chapter 116	of the Acts
Please Check Belo	w.		LOCALLICE	ENSING AUTHO	DITV
APPROVED:			By:	ASING ACTIO	XIII
DISAPPROVE	ED:		- 5.		
(If disapproved	explain)		-		
DATE					
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY I	LICENSEES DURING TH	IE MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 167	A)



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	CITY OR TOWN PLYM	OUTH
Annual	LICENSED FO	R 2013
CLASS		YEAR
nt Corp		
LIAN RESTAURA	NT	
STATE: MA	ZIP CODE: 02360)
E OF LICENSE: Res	taurant CATEGO	RY: All Alcohol
	IAIL ADDRESS	
hen, one large dining	area, one bar and lounge, o	utdoor seating
of perjury that:		
he same type for the	same premises now licensed	l;
all laws of the Comm	nonwealth relating to taxes;	and
ousiness (If not expla	in below)	
or Authorized Corpo	rate Officer	
E NUMBER:	EMPLOYER IDENTIF	
E NUMBER:	EMPLOYER IDENTIFE (Note: NOT Individual So	
in possession (1) the pector and the head		hapter 304 of the the above
in possession (1) the pector and the head	(Note: <u>NOT</u> Individual So e certificate required by Cl l of the fire department for	hapter 304 of the the above 116 of the Acts
in possession (1) the pector and the head	(Note: NOT Individual So e certificate required by Cl l of the fire department for rance required by Chapter	hapter 304 of the the above 116 of the Acts
in possession (1) the pector and the head	(Note: NOT Individual So e certificate required by Cl l of the fire department for rance required by Chapter LOCAL LICENSING AU	hapter 304 of the the above 116 of the Acts
in possession (1) the pector and the head	(Note: NOT Individual So e certificate required by Cl l of the fire department for rance required by Chapter LOCAL LICENSING AU	hapter 304 of the the above 116 of the Acts
in possession (1) the pector and the head	(Note: NOT Individual So e certificate required by Cl l of the fire department for rance required by Chapter LOCAL LICENSING AU	hapter 304 of the the above 116 of the Acts
	CLASS Int Corp ALIAN RESTAURA STATE: MA E OF LICENSE: Res BITE AND ENTER YOUR EM ES: hen, one large dining of perjury that: he same type for the all laws of the Comn business (If not explain	CLASS Int Corp ALIAN RESTAURANT STATE: MA ZIP CODE: 02360 E OF LICENSE: Restaurant CATEGO BSITE AND ENTER YOUR EMAIL ADDRESS ES: hen, one large dining area, one bar and lounge, o



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 098400183		CITY OR TOWN	PLYMOUTH
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	HATSUHANA JA	APANESE RESTAU	RANT CORP.	
DOING BUSINESS	A NEW TOKYO I	RESTAURANT		
ADDRESS 6 HOME	E DEPOT DRIVE			
CITY/TOWN: PLY	YMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: CHE	EUNG,TSZ HOP TY	PE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
MAIN ENTRANCE SIDE OF THE REST				NCY EXIT ON THE
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renew	ved license will be of	f the same type for the	ne same premises now	licensed;
	-		nmonwealth relating t	to taxes; and
3. the premi	ises are now open fo	or business (If not exp	olain below)	
CICNED DV				
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer	
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer	
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer	
SIGNED BY DATE:		er or Authorized Cor		R IDENTIFICATION NUMBER:
			EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
DATE: We the undersigne Acts of 2004, signe	TELEPHO! d, attest that we ar d by the building ir	NE NUMBER: re in possession (1) to	EMPLOYEI (Note: <u>NOT</u> Ind he certificate requir ad of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
DATE: We the undersigne Acts of 2004, signenamed license and	TELEPHO! d, attest that we ar d by the building ir	NE NUMBER: re in possession (1) to	EMPLOYEI (Note: <u>NOT</u> Inc.) the certificate required by surance required by	ed by Chapter 304 of the ment for the above
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHO! d, attest that we ar d by the building ir	NE NUMBER: re in possession (1) to	EMPLOYEI (Note: <u>NOT</u> Inc.) the certificate required by surance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED: []	TELEPHON d, attest that we ar d by the building in (2) the certificate o	NE NUMBER: re in possession (1) to	EMPLOYEI (Note: NOT Inc.) The certificate required of the fire departs the surance required by LOCAL LICENS.	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHON d, attest that we ar d by the building in (2) the certificate o	NE NUMBER: re in possession (1) to	EMPLOYEI (Note: NOT Inc.) The certificate required of the fire departs the surance required by LOCAL LICENS.	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED: []	TELEPHON d, attest that we ar d by the building in (2) the certificate o	NE NUMBER: re in possession (1) to	EMPLOYEI (Note: NOT Inc.) The certificate required of the fire departs the surance required by LOCAL LICENS.	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUI	MBER: 098400185		CITY OR TOWN	PLYMOUT	H
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	AME: PEPPER DINI NESS A chili's grill	NG,INC.			
ADDRESS 2 P	Plaza Way				
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER:	JONES, JAMES	TYPE OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
one story wood ent/exit. Separa person booths.	ate rear exit for mechan	dining facilities totaling nical and fire. Bar area in 42 seats including2, 4and	cludes 77 seats inclu	ding 4 persor	and 6
_	and swear under pena				
1. the	renewed license will be	e of the same type for the	same premises now	licensed;	
	•	with all laws of the Com	_	o taxes; and	
3. the 1	premises are now oper	n for business (If not expl	ain below)		
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI lividual Social Se	
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	e certificate require I of the fire departi	ed by Chapte ment for the	er 304 of the above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVE (If disapproved)	ED:		By:		
(11 disupproved	· Orpium)				
DATE:					



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LICENSE NUMBER	R: 098400189		CITY OR TO	WN PLYMOU	TH
APPLICATION FOI	R RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	GMRI, INC				
DOING BUSINESS	A THE OLIVE	GARDEN ITALIAN F	RESTAURANT#	1730	
ADDRESS 102 Colo	ony Place				
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP COD	E: 02360	
MANAGER: Mahe	er, Erin M	TYPE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF					
7441 sq ft of tuscan tarea	farmhouse protot	type consisting of wood	I frame structure.	Separate dining a	and lounge
I hereby certify and s	swear under pena	alties of perjury that:			
1. the renew	ed license will be	e of the same type for t	he same premises	now licensed;	
2. the licens	ee has complied	with all laws of the Con	mmonwealth relat	ing to taxes; and	
3. the premi	ses are now open	n for business (If not ex	plain below)		
SIGNED BY	Individual Par	rtner or Authorized Con	norate Officer		
	individual, i ui	ther of Humorized Col	portite officer		
DATE:	TELEDI	IONE NILIMBED.	EMPL	OYER IDENTIFICA	TION NUMBER:
	IELEPE	HONE NUMBER:		<u>T</u> Individual Social	
		e are in possession (1) g inspector and the he			
		te of liquor liability in			
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)		-		
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED	BY LICENSEES DURING THE	E MONTH OF NOVEME	BER (M.G.L. Ch. 138 \$	16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 098400192		CITY OR TOWN	PLYMOUT	H
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Village Vineyards,	Inc			
DOING BUSINESS	A Village Vineyard	s Fine Wine & Spirits	3		
ADDRESS Village a	at Colony Place				
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: Morg	gan, Randolph TYI	PE OF LICENSE: Pac	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF		SES:			
2506 sq ft of floor ar					
I hereby certify and s	-				
		the same type for the	-		
	-	all laws of the Com	•	to taxes; and	
3. the premi	ses are now open for	business (If not expl	ain below)		
SIGNED BY	Ladi da al Dago.		0.00		
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEELITION	L NOMBER.	(Note: NOT In	dividual Social S	ecurity Number)
Please Check Below:			LOCAL LICEN	CINC ALITH	DITV
APPROVED:			By:	SING AUTHO	JKII I
DISAPPROVED:			By.		
(If disapproved expla	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400193	CITY OR TOWN PLYMOUTH
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: THE STORE AT SANDY POND DOING BUSINESS A ADDRESS 832 BOURNE ROAD	INC.
CITY/TOWN: PLYMOUTH STATE:	MA ZIP CODE: 02360
MANAGER: DOONAN,III, TYPE OF LICENS. RICHARD N.	E:Package Store CATEGORY: Wine and Malt Regular
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
$2500~\text{SQ}.~\text{FT}.~\text{RETAIL}$ STORE- $3~\text{EGRESS},$ FRONT, B_{c}	ACK, AND SIDE BY LOADING DOCK
 I hereby certify and swear under penalties of perjury that: the renewed license will be of the same type for the licensee has complied with all laws of the the premises are now open for business (If not 	or the same premises now licensed; Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUI	MBER: 098400194		CITY OR TOWN	N PLYMOUT	ГН
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NA DOING BUSIN	AME: THE VILLAGE I	RECQUET & FITNE	SS CLUB AT THE	PINEHILL	
ADDRESS 30	GOLF DRIVE				
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER:	HORNE, TY	PE OF LICENSE: G	eneral on remise	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PREM	ISES:			
INDOOR SWI EXERCISE AI AND TENNIS	BUILDING WHICH COI MMING POOL. SECON REAS. SPORTS BAR IN COURT. ENTRANCE A ND ENTRANCE/EXIT I	D FLOOR; LOCKE THE CENTER LOE ADJACENT TO THE	R ROOMS, TRAIN BBY BETWEEN TH E SPORTS BAR. EX	ING ROOMS . HE SWIMMIN	AND G POOL
I hereby certify	and swear under penaltic	es of perjury that:			
1. the	renewed license will be o	f the same type for th	e same premises no	w licensed;	
2. the	licensee has complied with	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the	premises are now open for	or business (If not exp	olain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	porate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004,	signed, attest that we an signed by the building it e and (2) the certificate of	nspector and the he	ad of the fire depar	tment for the	above
Please Check Belo	ow:		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:			-		



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LICENSE NUMBE	R: 098400196		CIT	Y OR TOWN	PLYMOU'	ГН
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	JACOMO INC					
DOING BUSINESS	A PLYMOUTH	HOUSE OF PIZZ	ZA			
ADDRESS 50 LON	G POND ROAD					
CITY/TOWN: PLY	YMOUTH	STATE:	MA	ZIP CODE:	02360	
MANAGER: PAP	PAS, JACOB T	YPE OF LICEN	SE:Restaura	ent C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU		YOUR EMAIL A	DDRESS		
DESCRIPTION OF			ONE DE A	D EVIET OC		IE D A CIV
33 SEAT RESTAUL OF THE KITCHEN		E FRONT DOOR	, ONE REA	R EXII LUC	AIED AI IF	HE BACK
I hereby certify and	swear under penal	ties of perjury tha	t:			
1. the renew	ved license will be	of the same type	for the same	premises now	licensed;	
2. the licens	see has complied v	ith all laws of the	Commonw	ealth relating t	o taxes; and	
3. the premi	ises are now open	for business (If no	ot explain be	elow)		
SIGNED BY	Individual Part	ner or Authorized	l Corporate (Officer		
	maryradar, r are	nor or ramorized	Corporate			
DATE:	ты бри	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEELT	JIL NOMBER.		(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	inspector and th	ne head of the	he fire depart	ment for the	above
Please Check Below:			LC	OCAL LICENS	SING AUTH	ORITY
APPROVED:			Ву	' :		
DISAPPROVED: [(If disapproved expl	oin)					
(11 disappioved expi	u <i>)</i>					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 098400197		CITY (OR TOWN	PLYMOUT	ľH
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	ABCC, INC.					
DOING BUSINESS	A THE UPPER	CRUST PIZZERIA P	LYMOUTI	Н		
ADDRESS 15 COU	RT ST					
CITY/TOWN: PLY	YMOUTH	STATE: M	A ZIF	P CODE:	02360	
	RVELLI, BERT B.JR.	TYPE OF LICENSE:	Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOU	R EMAIL ADDR	ESS		_
DESCRIPTION OF						
	S/EXITS. STORA	TCHEN,AND TWO F AGE AREA AND WA				
I hereby certify and	swear under pena	lties of perjury that:				
1. the renew	ved license will be	e of the same type for	the same pr	emises now	licensed;	
	•	with all laws of the Co		•	o taxes; and	
3. the premi	ises are now open	for business (If not ex	xplain belov	w)		
SIGNED BY	Individual. Par	tner or Authorized Co	rporate Off	icer		
	11101 (100011) 1 111		1p01 u.c 011			
DATE:	TELEPE	IONE NUMBER:	_	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TESET I	IONE NOMBER.	(N	Note: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, signe	ed by the building	are in possession (1) g inspector and the h te of liquor liability in	ead of the	fire departı	ment for the	above
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved expl	loin)					
(11 disappioved expi	a111)					_
DATE:						



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LICENSE NU	MBER: 098400199		CITY OR TOWN	PLYMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: KONIDA LL	.C		
DOING BUSI	NESS A JUNGLE P	LEX		
ADDRESS 8 1	NATALIE WAY			
CITY/TOWN:	: PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER:	YEE, DARIN	TYPE OF LICENSE: Ge	eneral on C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
	N OF LICENSED PR			
	OOR SPORTS FACT E ADDITIONAL EX	ILITYONE MAIN ENT ITS ALONG EACH	'RANCE AT FRON'	Γ OF FACILITY
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now	licensed;
2. the	licensee has complied	d with all laws of the Com	monwealth relating t	to taxes; and
3. the	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, P	Partner or Authorized Corp	orate Officer	
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1) thing inspector and the heatestee of liquor liability inst	d of the fire depart	
Please Check Bel			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

ADDITION FOR DENEWAL.		CITY OR TOWN PLYMOUTH	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: CAPITOL HOSPITA	ALITY GROUP IN	C.	
DOING BUSINESS A ON THE ROCKS	ΓAVERN		
ADDRESS 42 COURT STREET			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: JONES, MICHAEL TYPE J.	E OF LICENSE: Res	staurant CATEGORY: All Alcohol	i
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
BAR AREA CONSISTING OF 18 BAR ST PEOPLEONE ENTRANCE TO COURT			
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th	e same type for the	same premises now licensed;	
2. the licensee has complied with a	all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are now open for b	usiness (If not expla	ain below)	
SIGNED BY			
Individual, Partner o	or Authorized Corpo	orate Officer	
			_
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER	:
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
We the undersigned, attest that we are in Acts of 2004, signed by the building insp	n possession (1) the	(Note: <u>NOT</u> Individual Social Security Number e certificate required by Chapter 304 of the)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below:	n possession (1) the	(Note: <u>NOT</u> Individual Social Security Number e certificate required by Chapter 304 of the d of the fire department for the above)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the	(Note: <u>NOT</u> Individual Social Security Number e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the	(Note: NOT Individual Social Security Number e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the	(Note: NOT Individual Social Security Number e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the	(Note: NOT Individual Social Security Number e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)



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		CITY OR TOWN PLIMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SOUTH SHORE	RESTAUTANT GROU	JP LLC
DOING BUSINESS A EAST BAY GI	RILLE-PINHILLS GOLI	FCLUB
ADDRESS 54 CLUBHOUSE DRIVE		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER: BARBATO, T DENNIS	YPE OF LICENSE: Rest	aurant CATEGORY: All Alco
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
A TWO ROOM MIXED USE BUILDI KITCHEN,MEN'S AND WOMEN'S L AND ELECTRIC GOLF CART STOR ROOMS.PAVILLION,GRILL ROOM	OCKER ROOMS AND AGE. INCLUDED FOR	LOUNGES,A PRO SHOP,OFFICES DINING ARE THREE
I hereby certify and swear under penalti	ies of perjury that:	
1. the renewed license will be	of the same type for the s	ame premises now licensed;
2. the licensee has complied w	ith all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open f	or business (If not explain	n below)
SIGNED BY Individual, Partr	ner or Authorized Corpor	rate Officer
DATE: TELEPLIC		
TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMB
TELEPHC	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMB (Note: NOT Individual Social Security Num
We the undersigned, attest that we a Acts of 2004, signed by the building	re in possession (1) the inspector and the head	(Note: <u>NOT</u> Individual Social Security Num certificate required by Chapter 304 of
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the inspector and the head	(Note: NOT Individual Social Security Num certificate required by Chapter 304 of of the fire department for the above
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010. Please Check Below: APPROVED:	re in possession (1) the inspector and the head	(Note: NOT Individual Social Security Num certificate required by Chapter 304 of of the fire department for the above ance required by Chapter 116 of the Ac LOCAL LICENSING AUTHORITY
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010. Please Check Below: APPROVED: DISAPPROVED:	re in possession (1) the inspector and the head	(Note: NOT Individual Social Security Num certificate required by Chapter 304 of of the fire department for the above ance required by Chapter 116 of the Ac LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 098400203		CITY OR TOWN	PLYMOUTH	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME	: PLYMOUTH BA	Y MANAGEMENT	INC		
DOING BUSINESS	S A PARK PLACE	TAVERN			
ADDRESS 21 SOU	TH PARK AVE				
CITY/TOWN: PL	YMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: FOI	LEY, EUGENE TY	PE OF LICENSE: R	estaurant C	ATEGORY: All Alcoh	ol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	FLICENSED PREM	ISES:			
		AND STORAGE SPA AND ONE ON SIDE		CK, RESTROOMS,	
I hereby certify and	swear under penalti	es of perjury that:			
1. the renev	wed license will be o	f the same type for th	ne same premises now	licensed;	
2. the licen	see has complied wi	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the prem	nises are now open for	or business (If not exp	olain below)		
SIGNED BY	Individual, Partn	er or Authorized Corp	oorate Officer		
	11101 (10001, 1 0101		0111001		
DATE:	TELEDIA	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBE	·R·
	TELEPHO	NE NUMBER:		dividual Social Security Number	
Acts of 2004, signe	ed by the building i	nspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Act	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)		-		
			-		
DATE:			-		
DAIE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 098400204		CITY OR TOWN PLYMOU	JTH
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: PATRIZIA'S ITA	LY TRATTORIA INC		
DOING BUSINESS	S A PATRIZIA'S IT	ALY TRATTORIA		
ADDRESS 170 WA	ATER STREET			
CITY/TOWN: PL	YMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: MA	ATTHEWS,MAR TY	YPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	ISES:		
ONE EGRESS IN		NE EGRESS IN BAR A	ONE BAR AND ONE ROOM REA.TWO SETS OF FRENC	
I hereby certify and	l swear under penaltie	es of perjury that:		
		• •	same premises now licensed;	
	-		onwealth relating to taxes; and	1
3. the pren	nises are now open for	or business (If not explain	in below)	
SIGNED BY	Individual Partne	er or Authorized Corpor	rate Officer	
	marviaui, i urii	or or rumorized corpor	ate officer	
DATE:	TEI EDUO	NE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
	TELEFIIO	NE NOMBER.	(Note: NOT Individual Social	
Acts of 2004, sign	ed by the building i	nspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 1	e above
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:]		By:	
DISAPPROVED:	1			
(If disapproved exp	otain)		-	·
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400205	; C	ITY OR TOWN PLYMOUT	TH
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: MICHAEL	L'S 390 COURT STREET INC.		
DOING BUSINESS A MICHAE	EL'S 390 COURT STREET		
ADDRESS 390 COURT STREE	Τ		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: FOLGER, PHYL	LIS TYPE OF LICENSE: Restar	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED FRONT OF BUILDING APPRO BARAREAENTRANCE AND DINING ROOM WITH EXIT OF ON THE NORTH	X. 1374 SF CONTAING DININEXIT ON COURT STREET	KITCHEN LOCATED OFF F	
2. the licensee has compl	ill be of the same type for the salied with all laws of the Common open for business (If not explain	nwealth relating to taxes; and	
SIGNED BY Individual	, Partner or Authorized Corpora	te Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010.	lding inspector and the head o	f the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO By:	ORITY
DATE:			



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LICENSE NUME	BER: 098400206		CITY OR TOV	VN PLYMOU	ГН
APPLICATION I	FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	IE: CDS BEACI	H CORPORATION			
DOING BUSINE	SS A SANDCAS	TLE LOUNGE			
ADDRESS 150 V	VARREN STREE	T			
CITY/TOWN: P	PLYMOUTH	STATE: MA	A ZIP CODE	: 02360	
MANAGER: H	ARRINGTON, AVID	TYPE OF LICENSE:	Innholder	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION (OF LICENSED P	REMISES:			
OUTSIDE PATIO SOUTH END	O ON THE OCEA	TSIDE AS SHOWNT AN SIDE WITH EXIT S'			
1. the ren	newed license will	nalties of perjury that: be of the same type for the d with all laws of the Co	-		
3. the pre	emises are now op	en for business (If not ex	plain below)		
SIGNED BY	Individual, I	Partner or Authorized Co	rporate Officer		
DATE:	TELE	PHONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, sig	ned by the build	we are in possession (1) ing inspector and the he cate of liquor liability in	ead of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	xplain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 098400207		CITY OR TOWN	PLYMOUTH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: DR. SCOTT GR	ENQUIST		
DOING BUSIN	NESS A CORNER POO	CKET PUB		
ADDRESS 295	COURT STREET			
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360
	GRENQUIST, DR. T SCOTT	YPE OF LICENSE: Rest	taurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	OF LICENSED PREM			
	CE/EXIT ON COURT			
•	and swear under penalt			1° 1.
		of the same type for the s	-	
	-	ith all laws of the Comm or business (If not expla	_	taxes, and
3. the p	orennses are now open i	or ousiness (if not expia	in ociow)	
SIGNED BY				
SIGNED DT	Individual, Partr	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, s	signed by the building	inspector and the head	of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belov	<u>w:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)		-	



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LICENSE NUMBER	R: 098400208		CITY OR TO	OWN PLYMOU	IH
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DINATALE S	SEAFOOD CO II INC.			
DOING BUSINESS	A				
ADDRESS 315 CO	URT STREET				
CITY/TOWN: PLY	YMOUTH	STATE: MA	ZIP COD	E: 02360	
	ATALE, RISTOPHER	TYPE OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	EMISES:			
2500 SF RESTAUR ENTRANCE IN KI		H MARKETONE ENT	RANCE IN FR	ONT AND ONE	
I hereby certify and	swear under pen	alties of perjury that:			
1. the renew	ved license will b	be of the same type for the	same premises	s now licensed;	
2. the licens	see has complied	with all laws of the Com	monwealth rela	ting to taxes; and	
3. the premi	ises are now ope	n for business (If not expl	ain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICAT	
			(Note: <u>NC</u>	<u>OT</u> Individual Social S	Security Number)
Acts of 2004, signe	d by the buildir	e are in possession (1) the ng inspector and the hea nte of liquor liability inst	d of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0984002	209	CITY OR TOWN	PLYMOUT	Н
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: LJPCO	ORPORATION			
DOING BUSINESS A MART	'INI'S BAR AND GRILL			
ADDRESS 50 COURT STRE	ET			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: PERETTE, JO	SEPH TYPE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSE 76 X 38 WITH FRONT ENTE I hereby certify and swear unde 1. the renewed license 2. the licensee has cor 3. the premises are no	RANCE AND SIDE DOOR. BA	e same premises now amonwealth relating to lain below)	licensed;	
We the undersigned, attest to Acts of 2004, signed by the b	ELEPHONE NUMBER: hat we are in possession (1) the solution of the heat of the	(Note: <u>NOT</u> Ind ne certificate require nd of the fire departi	ed by Chapte nent for the a	er 304 of the above
named license and (2) the centre of 2010.	rtificate of liquor liability ins	urance required by	Chapter 116	of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 09840	00210	CITY OR TOWN	PLIMOUTH
APPLICATION FOR RENE	EWAL: Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PARE DOING BUSINESS A ALI	K RESTAURANT MANAGEM DEN PARK	IENT GROUP LLC	
ADDRESS 160 COLONY F	PL		
CITY/TOWN: PLYMOUT	TH STATE: M	A ZIP CODE:	02360
MANAGER: WUNDER, WALTER	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
COURTYARD ON SIDE E AND THE FACILITY HAS	JEST ENTRANCE WITH ACC MPLOYEE/DELIVERY ENTE A PRIVATE HAS A PRIVAT LE PRIVATE DINING IN THI	RANCE IS ACCESSED E DINING AREA BA	O FROM THE REAR
I hereby certify and swear un	nder penalties of perjury that:		
1. the renewed licer	nse will be of the same type for	the same premises now	licensed;
2. the licensee has c	complied with all laws of the Co	ommonwealth relating	to taxes; and
3. the premises are	now open for business (If not ex	xplain below)	
SIGNED BY Indiv	idual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed by the	t that we are in possession (1) e building inspector and the h certificate of liquor liability in	ead of the fire depart	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:098400211	(CITY OR TOWN	PLYMOUTH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CMGM CORP			
DOING BUSINESS	A MAESTRO RISTO	ORANTE		
ADDRESS 63 LONG	FOND ROAD			
CITY/TOWN: PLY	MOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: DEPA EL F.		E OF LICENSE: Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISI	ES:		
I hereby certify and sy	wear under penalties of	of perjury that:		
1. the renewe	ed license will be of the	ne same type for the sa	ame premises now	licensed;
2. the license	ee has complied with a	all laws of the Commo	nwealth relating to	taxes; and
3. the premis	ses are now open for b	ousiness (If not explain	n below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corpora	te Officer	
	Individual, Partner of	or Authorized Corpora	ate Officer	
DATE:	Individual, Partner of		EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
DATE: We the undersigned Acts of 2004, signed	TELEPHONE I, attest that we are i I by the building insp	E NUMBER: In possession (1) the opector and the head o	EMPLOYER (Note: NOT Indeceptificate require	ed by Chapter 304 of the
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below:	TELEPHONE I, attest that we are i I by the building insp	E NUMBER: In possession (1) the opector and the head o	EMPLOYER (Note: <u>NOT</u> Independent in the fire departs once required by the second in the fire departs once required by the second in the secon	ed by Chapter 304 of the ment for the above
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	TELEPHONE I, attest that we are i I by the building insp	E NUMBER: In possession (1) the opector and the head o	EMPLOYER (Note: <u>NOT</u> Independent in the fire departs once required by the second in the fire departs once required by the second in the secon	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE I, attest that we are i by the building insp 2) the certificate of I	E NUMBER: In possession (1) the opector and the head o	EMPLOYER (Note: NOT Independent of the fire department of the fire d	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	TELEPHONE I, attest that we are i by the building insp 2) the certificate of I	E NUMBER: In possession (1) the opector and the head o	EMPLOYER (Note: NOT Independent of the fire department of the fire d	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE I, attest that we are i by the building insp 2) the certificate of I	E NUMBER: In possession (1) the opector and the head o	EMPLOYER (Note: NOT Independent of the fire department of the fire d	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400212	Cl	ITY OR TOWN PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: OS GOLF MANAG	SEMENT	
DOING BUSINESS A		
ADDRESS 35-37 DOUBLEBROOK RD.		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE: 02360
MANAGER: FORD, DREW TYP	E OF LICENSE: Innhol	der CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PREMIS MINI BARS AT OVERNIGHT FACILITY I hereby certify and swear under penalties 1. the renewed license will be of the second sec	of perjury that: he same type for the sar all laws of the Common	DOUBLEBROOK me premises now licensed; nwealth relating to taxes; and below)
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	1	LOCAL LICENSING AUTHORITY By:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098400	213	CITY OR TOWN	PLYMOUTH
APPLICATION FOR RENEW	VAL: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BERT'S	S LANDING LLC		
DOING BUSINESS A BERT	"S LANDING		
ADDRESS 140 WARREN AV	VE		
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: MC KEON,RC L.	OBIN TYPE OF LICENSE: R	Restaurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
I hereby certify and swear und			
	e will be of the same type for the	-	
	mplied with all laws of the Cor	=	taxes; and
3. the premises are no	ow open for business (If not ex	plain below)	
CICNED DV			
SIGNED BY Individ	ual, Partner or Authorized Cor	porate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest t Acts of 2004, signed by the k	ELEPHONE NUMBER: that we are in possession (1) to building inspector and the he extificate of liquor liability in	(Note: <u>NOT</u> Indi the certificate require ad of the fire departn	d by Chapter 304 of the nent for the above
We the undersigned, attest t Acts of 2004, signed by the k named license and (2) the ce	that we are in possession (1) to building inspector and the he	(Note: <u>NOT</u> Indi the certificate require ad of the fire departn surance required by C	d by Chapter 304 of the nent for the above
We the undersigned, attest the Acts of 2004, signed by the knamed license and (2) the ce of 2010. Please Check Below: APPROVED:	that we are in possession (1) to building inspector and the he	(Note: <u>NOT</u> Indi the certificate require ad of the fire departn surance required by C	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the centre of 2010. Please Check Below: APPROVED: DISAPPROVED:	that we are in possession (1) to building inspector and the he	(Note: <u>NOT</u> Indi the certificate require ad of the fire departn surance required by (LOCAL LICENS)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
We the undersigned, attest the Acts of 2004, signed by the knamed license and (2) the ce of 2010. Please Check Below: APPROVED:	that we are in possession (1) to building inspector and the he	(Note: <u>NOT</u> Indi the certificate require ad of the fire departn surance required by (LOCAL LICENS)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the centre of 2010. Please Check Below: APPROVED: DISAPPROVED:	that we are in possession (1) to building inspector and the he	(Note: <u>NOT</u> Indi the certificate require ad of the fire departn surance required by (LOCAL LICENS)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	98400214		CITY OR TOV	WN PLIMOU	IП
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T	HE FULL SAIL	INC.			
DOING BUSINESS A	THE FULL SAII				
ADDRESS 47 COURT	ST				
CITY/TOWN: PLYMO	OUTH	STATE: MA	ZIP CODE	: 02360	
MANAGER: PRIFTI,	SHAUNA TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMI	SES:			
APPRIX 1300 SQ. FT. VAR AND DINING RM DOORS AT FRONT O	M. FULL ACCES	S HANDICAPPED	ENTRANCE WI	TH AUTOMAT	
I hereby certify and swe	ar under penalties	s of perjury that:			
1. the renewed	license will be of	the same type for th	e same premises	now licensed;	
2. the licensee l	nas complied with	n all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the premises	are now open for	business (If not exp	olain below)		
SIGNED BY	ndividual, Partner	r or Authorized Corp	oorate Officer		
DATE:	TELEDITON	IE NI IMDED.	FMPI C	OYER IDENTIFICAT	TION NUMBER:
D.112.	TELEPHON	IE NUMBER:		Γ Individual Social S	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building in	spector and the hea	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapproved expiditi)					
DATE:					



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LICENSE NUMBI	ER: 098400215		CITY OR TOW	N PLYMOU	ГH
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: L AND L WINE	CELLAR INC.			
DOING BUSINES	S A THE WINE CE	LLAR			
ADDRESS 690 ST	CATE ROAD				
CITY/TOWN: PL	LYMOUTH	STATE: MA	ZIP CODE:	02360	
MANAGER: TR	IPP III, LORING TY	YPE OF LICENSE: Ge. pre	neral on mise	CATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
	F LICENSED PREM				
		CATION AREA, BAR EAST AND WEST C			EHIND
I hereby certify and	d swear under penaltie	es of perjury that:			
1. the rene	ewed license will be o	f the same type for the	same premises ne	ow licensed;	
2. the licer	nsee has complied wit	th all laws of the Comr	nonwealth relatin	g to taxes; and	
3. the pren	nises are now open for	or business (If not explain	ain below)		
SIGNED BY			O CC		
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:					
DATE.	TELEPHO	NE NUMBER:		YER IDENTIFICAT Individual Social S	
			<u> </u>	mar radar bottar b	recurry realiser,
Acts of 2004, sign	ed by the building in	re in possession (1) the nspector and the head	d of the fire depa	artment for the	above
of 2010.	u (2) the certificate (of liquor liability insu	rance required	by Chapter 110) of the Acts
Please Check Below:			LOCALLICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved exp	olain)		-		
DATE:			-		



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LICENSE NUMBI	ER: 098400216		CITY OR TOWN PLYMOU	TH
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
DOING BUSINES	E: CHINA GOURME S A NOMET POINT RD	ET INC		
CITY/TOWN: PI	LYMOUTH	STATE: MA	ZIP CODE: 02360	
MANAGER: ZH	IAO, KEN TY	PE OF LICENSE: Res	ctaurant CATEGORY:	All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	F LICENSED PREMI			
) FT TWO ENT AND ON THE OTHER SIDE		BAR, KITCHEN ON ONE SID	Ε,
I hereby certify and	d swear under penalties	of perjury that:		
1. the rene	ewed license will be of	the same type for the	same premises now licensed;	
2. the licer	nsee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the prer	nises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Acts of 2004, sign	ned by the building in	spector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 110	e above
Please Check Below: APPROVED:]		LOCAL LICENSING AUTH By:	ORITY
DISAPPROVED: (If disapproved exp	plain)			
DATE:				
	THE PARTY OF THE P	ACENARES DANDAG TAREA	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	98400217		CITY OR T	OWN PLYMOU	ГH
APPLICATION FOR RI	ENEWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: O	LIO LLC				
DOING BUSINESS A	OLIO				
ADDRESS 3 VILLAGE	GREEN N.				
CITY/TOWN: PLYMO	OUTH	STATE: MA	ZIP CO	DE: 02360	
MANAGER: CONTI,	STEPHEN TYPI	E OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISI	ES:			
1164 SQ. FT , FOUR EN OFFICE DOOR, CAFÉ WHICH IS 250 SQ. FT.	AREA WITH 29 S	SEATS, KITCHEN			
I hereby certify and swea	ar under penalties o	of perjury that:			
1. the renewed l	icense will be of the	ne same type for th	e same premis	es now licensed;	
2. the licensee h	as complied with a	all laws of the Con	nmonwealth re	lating to taxes; and	
3. the premises	are now open for b	ousiness (If not exp	olain below)		
SIGNED BY Ir	ndividual, Partner o	or Authorized Corp	porate Officer		
DATE:	TELEPHONE	NUMBER:	EM	PLOYER IDENTIFICAT	TION NUMBER:
			(Note: <u>1</u>	NOT Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building insp	pector and the hea	ad of the fire o	department for the	above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
				-	
DATE:					



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LICENSE NUM	MBER: 098400218		CITY OR TOWN	PLYMOUTH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	ME: PATSFAN II IESS A MAIN STR			
ADDRESS 39-	41 MAIN STREET			
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER:	VOGEL, BRIAN	TYPE OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
ST FLOOR;TW BAR AND DIN DINING AREA	ING AREAS 2ND	E ON MAIN STREET ON FLOOR BAR AND DINIC NE IN REAR OF BUILING	G AREAS.2ND FLC	OOR BAR AND
I hereby certify	and swear under per	nalties of perjury that:		
1. the r	renewed license will	be of the same type for the	same premises now	licensed;
	•	d with all laws of the Com	_	o taxes; and
3. the p	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:			EMBI OVE	D IDENTIFICATION NUMBER.
DATE.	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, s	signed by the buildi	ve are in possession (1) thing inspector and the headate of liquor liability insu	d of the fire depart	ment for the above
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)		-	



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LICENSE NUMBER:)98400219		CITY OR TO	OWN PL	YMOUT	Ή
APPLICATION FOR F	RENEWAL:	Annual	L	ICENSED	FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME: I	RYE TAVERN COR	PORATION				
DOING BUSINESS A						
ADDRESS 517 OLD S	ANDWICH ROAD					
CITY/TOWN: PLYM	OUTH	STATE: MA	ZIP COI	DE: 02	2360	
MANAGER: FARRA	AR, JOANNA TYPE	OF LICENSE: Re	estaurant	CATE	GORY:	All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WEBS		EMAIL ADDRESS			
DESCRIPTION OF LIFERST FLOOR AND FFLOOR, ONE MAIN FAPPROX.489 SF, BAF	PATIO AREATWO ENTRANCE/EXIT A	ENTRANCES A AND ONE SIDE E	ENTRANCE/E	XITKIT	CHEN	
I hereby certify and swe	ear under penalties of	f perjury that:				
1. the renewed	license will be of the	e same type for the	e same premise	s now lice	nsed;	
	has complied with al			ating to tax	es; and	
3. the premises	s are now open for bu	isiness (If not exp	lain below)			
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer			
DATE:	TELEPHONE 1	NI IMBER:	EMP	LOYER IDE	NTIFICAT	ION NUMBER:
	TEEE TIONE	i veribera	(Note: <u>N</u>	OT Individu	al Social Se	ecurity Number)
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ector and the hea	d of the fire d	epartment	for the	above
Please Check Below:			LOCAL LI	CENSING	AUTHO	ORITY
APPROVED:	1		By:			
DISAPPROVED: (If disapproved explain)					
- sasapprovou empium	,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	098400221		CITY OR TO	OWN PLYMOU	ГH
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SHANTY ROSE IN	C			
DOING BUSINESS A	SHANTY ROSE				
ADDRESS 16 TOWN	WHARF				
CITY/TOWN: PLYN	MOUTH	STATE: MA	ZIP COI	DE: 02360	
MANAGER: MILM RICHA		E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF L					
BAR SEATING 8 PECEIGHT. ONE FRONT HANDICAPPED BAT	ΓENTRANCE AND				
I hereby certify and sw	vear under penalties o	of perjury that:			
1. the renewed	d license will be of th	e same type for the	same premise	s now licensed;	
2. the licensee	e has complied with a	all laws of the Comn	nonwealth rela	ating to taxes; and	
3. the premise	es are now open for b	usiness (If not expla	ain below)		
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer		
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2111001		
DATE:	TELEPHONE	NUMBER:	EMP	LOYER IDENTIFICAT	TION NUMBER:
	TEEETHOTE	TOMBER.	(Note: <u>N</u>	OT Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	l of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	\neg		By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					



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LICENSE NUMBER:	: 098400222		CITY	OR TOW	N PLYMOU	TH
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	HIBACHI GR	ILL SUPREME BUF	FET INC			
DOING BUSINESS A	A SKY SEAFO	OOD BUFFET				
ADDRESS 20 SHOPS	S AT 5 WAY					
CITY/TOWN: PLYM	MOUTH	STATE: M	IA ZI	P CODE:	02360	
MANAGER: LU, X	UE CHAI	TYPE OF LICENSE:	Restaurant	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT (OUR WEBSITE AND ENTER YOU	UR EMAIL ADDI	RESS		
DESCRIPTION OF L						
APPROX. 6590 SQ F RESTROOMS AND S						
I hereby certify and sv	wear under pena	alties of perjury that:				
1. the renewe	d license will b	e of the same type for	the same p	remises no	w licensed;	
2. the license	e has complied	with all laws of the Co	ommonwea	lth relating	to taxes; and	
3. the premise	es are now ope	n for business (If not e	xplain belo	w)		
SIGNED BY	Individual Pa	rtner or Authorized Co	ornorate Of	ficer		
	marviduai, i a	rther of Authorized ev	лрогии от	пссі		
DATE:	TELEDI	HONE NIIMDED.		EMPI OY	ER IDENTIFICA	TION NUMBER:
	IELEFI	HONE NUMBER:	(1)			Security Number)
		e are in possession (1) ng inspector and the h				
		te of liquor liability i				
Please Check Below:			LOC	AL LICEN	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	n)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098	400223	C	CITY OR TOWN PLYM	OUTH
APPLICATION FOR REI	NEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME: DR	IFT HOUSE LLC			
DOING BUSINESS A TI	HE DRIFTWOOD PU	BLICK HOUSE		
ADDRESS 39 COURT ST	ΓREET			
CITY/TOWN: PLYMOU	JTH ST.	ATE: MA	ZIP CODE: 02360)
MANAGER: BRYANT REBEKA	'	LICENSE: Resta	urant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:				
PLEASI	E ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICE	NSED PREMISES:			
THE DINING ROOM AN STORAGE AND OFFICE ONE EXIT AND ENTRA	E ARE LOCATED IN T	ГНЕ ВАСКА	LL ON FIRST FLOOR	
I hereby certify and swear	under penalties of perj	ury that:		
1. the renewed lic	ense will be of the sam	e type for the sa	ame premises now licensed	l;
	*		nwealth relating to taxes;	and
3. the premises ar	re now open for busines	s (If not explain	n below)	
SIGNED BY Ind	ividual, Partner or Autl	horized Corpora	ite Officer	
DATE:	TELEPHONE NUM	IBER:	EMPLOYER IDENTIF	TICATION NUMBER:
	TEEEI HOIVE IVOIV	DER.	(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed by t	the building inspector	and the head o	certificate required by Cl of the fire department for nnce required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)			-	
DATE:				



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LICENSE NUM	IBEK: 098400224		CITY OR TOWN	V PLIMOU.	lП
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA DOING BUSIN	ME: RIO'S STEATIESS A	KHOUSE LLC			
ADDRESS 318	COURT STREET				
CITY/TOWN:	PLYMOUTH	STATE: MA	ZIP CODE:	02360	
	RYN, MICHAEL JAMES	TYPE OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PR	REMISES:			
INTO DINING TO AND FROM	AREA, EXIT AT T	FRONT OF BUILDING HE LEFT REAR PORTIC AND PARKING LOT O T PORTION.	ON OF RESTAUR	ANT GIVING	ACCESS
I hereby certify	and swear under per	nalties of perjury that:			
1. the r	enewed license will	be of the same type for the	same premises no	w licensed;	
2. the la	icensee has complied	d with all laws of the Com	nonwealth relating	to taxes; and	
3. the p	premises are now ope	en for business (If not expl	ain below)		
SIGNED BY	Individual, P	artner or Authorized Corpo	orate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOY	ER IDENTIFICAT	TON NUMBER:
	IELEF	HONE NUMBER:		ndividual Social S	
Acts of 2004, s	igned by the buildi	ve are in possession (1) the ng inspector and the head ate of liquor liability insu	d of the fire depar	rtment for the	above
Please Check Belov	<u>w:</u>		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE.					
DATE:					



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LICENSE NUMBER: 098400225		CITY OR TOWN	PLYMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: AROMA HOS	PITALITY LLC		
DOING BUSINESS A AROMA TAY	VERN AND GRILL		
ADDRESS 739 STATE ROAD			
CITY/TOWN: PLYMOUTH	STATE: MA	ZIP CODE:	02360
MANAGER: FITZPATRICK, JACIE	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
BAR AREA WITH TWO EGRESSE LEADING DIRECTLY TO OUTSID THROUGH THE MAIN ENTRANCAN EMERGENCY EXIT, KITHCEN OUTSIDE OF THE RESTAURANT.	E, DINING ROOM WIT E AND ONE IN THE RE NAREA HAS TWO EGF	TH TWO EGRESSES EAR OF THE ROOM	S, ONE BACK M IN THE FORM OF
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will be	e of the same type for the	same premises now	licensed;
2. the licensee has complied		_	taxes; and
3. the premises are now open	for business (If not explain	ain below)	
SIGNED BY Individual, Par	tner or Authorized Corpo	orate Officer	
DATE: TELEPH	IONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	l of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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LICENSE NUMBER: 098400227	CITY	OR TOWN PLYMO	UTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: STAV FAMILY ENTER	RPRISES INC.		
DOING BUSINESS A ANNA'S HARBORSIE	DE GRILLE		
ADDRESS 145 WATER STREET			
CITY/TOWN: PLYMOUTH S'	TATE: MA ZI	P CODE: 02360	
MANAGER: STAVROPOULOS, TYPE OF DEMETRIOS	LICENSE: Restaurant	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL ADD	RESS	
DESCRIPTION OF LICENSED PREMISES:			
DINING AREA, BAR AREA, AN ORDER AR SINK CLEANING AREAS AND A REA FUL BATHROOMS AND THE PREMISES WILL AND AN ADDITIONAL REAR EXIT INONE	L KITCHENTWO F HAVE THREE EXITS	FULLLY ACCESSIBLE S FOR USE BY THE P	E UBLIC
I hereby certify and swear under penalties of pe	rjury that:		
1 the managed license will be of the se	me type for the same n	remises now licensed:	
1. the renewed license will be of the sa	me type for the same p	remises non neciseu,	
2. the licensee has complied with all la	ws of the Commonwea	lth relating to taxes; an	d
	ws of the Commonwea	lth relating to taxes; an	d
2. the licensee has complied with all la	ws of the Commonwea ess (If not explain belo	lth relating to taxes; and	d
2. the licensee has complied with all la 3. the premises are now open for busin SIGNED BY	ws of the Commonwea ess (If not explain belo	lth relating to taxes; and	d
2. the licensee has complied with all la 3. the premises are now open for busin SIGNED BY	ws of the Commonwea ess (If not explain belo athorized Corporate Of MBER:	lth relating to taxes; and	ATION NUMBER:
the licensee has complied with all la 3. the premises are now open for busin SIGNED BY Individual, Partner or Au DATE:	ws of the Commonwea ess (If not explain below athorized Corporate Of MBER:	lth relating to taxes; and w) ficer EMPLOYER IDENTIFIC Note: NOT Individual Social icate required by Chafire department for the social state of	ATION NUMBER: al Security Number) pter 304 of the he above
2. the licensee has complied with all la 3. the premises are now open for busin SIGNED BY Individual, Partner or Au DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspector named license and (2) the certificate of liquo	ws of the Commonwea ess (If not explain belo athorized Corporate Of MBER:	lth relating to taxes; and w) ficer EMPLOYER IDENTIFIC Note: NOT Individual Social icate required by Chafire department for the social state of	ATION NUMBER: al Security Number) pter 304 of the he above 16 of the Acts
2. the licensee has complied with all la 3. the premises are now open for busin SIGNED BY Individual, Partner or Au DATE: TELEPHONE NU We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010. Please Check Below: APPROVED: DISAPPROVED:	ws of the Commonweal ess (If not explain below the commonweal ess (If not expl	th relating to taxes; and w) ficer EMPLOYER IDENTIFIC Note: NOT Individual Social icate required by Chafire department for the required by Chapter 1	ATION NUMBER: al Security Number) pter 304 of the he above 16 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 098	3400228		CITY OR TOWN	N PLYMOUT	ГН
APPLICATION FOR RE	NEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: NO DOING BUSINESS A 42		Н			
ADDRESS 690 STATE F	ROAD				
CITY/TOWN: PLYMOU	UTH S	STATE: MA	ZIP CODE:	02360	
MANAGER: HYNES, I	ERIK TYPE O	F LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICE	INSED PREMISES:				
3500 SFBAR AREA, DI ROOMS,BASEMENT C			· ·		
I hereby certify and swear	under penalties of pe	erjury that:			
1. the renewed lic	cense will be of the sa	ame type for the	same premises no	w licensed;	
	s complied with all la		_	to taxes; and	
3. the premises a	re now open for busin	ness (If not expla	in below)		
GIOVED DV					
SIGNED BY Ind	lividual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	JMBER:	EMPLOYI	ER IDENTIFICAT	TON NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspect	or and the head	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
			<u> </u>		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 098400230		CITY OR TOWN	PLYMOUTH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		JRANT CORPORA	TION	
ADDRESS 87 SAN				
		CTATE. M	A ZID CODE	02260
CITY/TOWN: PLY		STATE: M		02360
MANAGER: POR	TILLA, JUAN T	YPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DECORPTION OF		WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	TH FRONT ENTR	ANCEBAR LOC	CATED TO THE BACK BACK WITH EXIT	K LEFT TO THE
I hereby certify and	swear under penalti	es of perjury that:		
			the same premises now	
	-		ommonwealth relating t	o taxes; and
3. the premi	ses are now open for	or business (If not e	xplain below)	
SIGNED BY	Individual, Partn	er or Authorized Co	orporate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building i	nspector and the h	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [LOCAL LICENS By:	SING AUTHORITY
(If disapproved explain	ain)			